

372.37
P11TG
1979 V. 2

PLEASE RETURN

STATE OF
MONTANA

STATE DOCUMENTS COLLECTION

JUN 19 1979

MONTANA STATE LIBRARY
930 E Lyndale Ave.
Helena, Montana 59601



TEACHER'S GUIDE FOR
ALCOHOL EDUCATION

GRADES 7 - 12

Montana State Library



3 0864 1006 4998 0

State of Montana
Department of Institutions



GOVERNOR
THOMAS L. JUDGE

DIRECTOR
ROBERT H. MATTSON



BOARD MEMBERS
ZELLA A. JACOBSON, GREAT FALLS
ELDON E. KUHNS, BILLINGS
WILLIS M. McKEON, MALTA
ROBERT J. PALLO, KALISPELL
JOHN W. STRIZICH, M.D., HELENA

Helena, 59601
January 31, 1979

TO USERS OF THE TEACHER'S GUIDE FOR ALCOHOL EDUCATION:

The Teacher's Guide for Alcohol Education was prepared by the Alcohol and Drug Abuse Division of the Montana Department of Institutions in coordination with the Office of the Superintendent of Public Instruction and the Montana Catholic Conference. It represents a twelve month effort to develop an alcohol abuse curriculum for use in primary and secondary schools throughout Montana.

I feel that the attached lesson plans and resource supplement provide a unique learning opportunity for students in Montana public and parochial schools. Many of the lesson plans concern factual information on alcohol and alcohol abuse. However, the primary emphasis of the material is to allow the student to develop decision-making and coping skills which can be used to make informed and rational choices regarding the use of alcohol. These same skills are equally germane to other areas of the student's life. At the same time, the lesson plans are sufficiently flexible to permit adaptation to individual classroom situations.

I would like to express special thanks to the Curriculum Development Task Force for their guidance in the development of this material. The combined efforts and expertise of the task force members contributed significantly to the successful completion of this project.

Sincerely,

A handwritten signature in black ink, appearing to read "Lawrence M. Zanjo".
LAWRENCE M. ZANJO, Director

LMZ:CTC:ab

STATE OF MONTANA
TEACHER'S GUIDE FOR ALCOHOL EDUCATION

Prepared Under the Supervision of:

The Montana Department of Institutions
Alcohol and Drug Abuse Division
Helena, Montana

In Coordination With:

The Office of the Superintendent of Public Instruction
and
The Montana Catholic Conference
Helena, Montana

This Guide was Revised from:
Here's Looking at You
A Teacher's Guide for Alcohol Education

prepared by
Educational Service District No. 110
Seattle, Washington

National Institute on Alcohol Abuse and Alcoholism
Contract No. 5H84 AA01842-02 (YE)

ACKNOWLEDGEMENTS AND CREDITS

There were many people who devoted time to the development and revision of these materials. The following people served on the Curriculum Development Task Force and deserve special thanks:

Orlando Barronne, Principal
Loyold - Sacred Heart High School
Missoula, Montana

Gwendolyn Plain Bull, Teacher
St. Charles Mission
Pryor, Montana

Helen Hart Bristow, Representative
Alcoholics Anonymous
Helena, Montana

Spencer Sartorius, Supervisor
Health and Physical Education
Office of Public Instruction
Helena, Montana

Sr. Marie Damian, Asst. Director
Montana Catholic Conference
Helena, Montana

Phyllis Spragg, Representative
Alcoholics Anonymous
Helena, Montana

Charlene Davis, Teacher
North Central Junior High School
Butte, Montana

Dee Anna Stalmaker, Instructor
Carroll College
Helena, Montana

Charleen Lavardure, Librarian
St. Charles Mission
Pryor, Montana

Jean Tanniehill, Counselor
Lewis and Clark Alcoholism Program
Helena, Montana

Sr. Patricia Orlowski, Teacher
St. Pius X School
Billings, Montana

Sr. Kathryn Thill, Principal
St. Matthew School
Kalispell, Montana

Elsie Turk, Teacher
St. Leo's High School
Lewistown, Montana



Digitized by the Internet Archive
in 2013

<http://archive.org/details/stateofmontanate1979mont>

TABLE OF CONTENTS

JUNIOR HIGH

To the Teacher	i	
Part I	How To Use This Lesson Plan	ii
	Goals and Objectives	iii
Part II	<u>Learning Activities</u>	
	INDIVIDUAL ACTIVITIES	1
	ALCOHOL INFORMATION - "Thinking About Drinking"	3
	ALCOHOL INFORMATION - Body/Brain Diagrams	6
	ALCOHOL INFORMATION - Help Me	11
	ALCOHOL INFORMATION - What Would You Do?	16
	DECISION-MAKING - Alcohol Attitudes	20
	COPING - "All Bottled Up"	23
	ALCOHOL INFORMATION - Where Is Help?	25
	DECISION-MAKING - Responsible/Irresponsible Decisions	31
	SELF-IMAGE - Feeling Good	37
	SELF-IMAGE - Positive Statements	39
Part III	The Yellow Pages--resource supplement (See the Table of Contents in The Yellow Pages for more details.)	

TO THE TEACHER

This entire program is built on the premise that you, the teacher, will facilitate its implementation as an adult who can comfortably deal with the issues presented. This presumes that the discussion of alcohol, with all of its positive and negative ramifications, is not a highly sensitive issue for you at this time.

Because of the realities of ethnic background, religious affiliation, and the personal value system that all adults integrate into themselves and out of which personal responses flow, it is vital for you, the teacher and adult model to your students, to deal honestly and adequately with your own attitudes and values regarding the topic of alcohol before relating to the students.

Below are some value-clarifying points to consider and evaluate before delving into the lesson plans which follow. The age-old axiom that a teacher teaches himself/herself makes it imperative that you are aware of your own strengths and weaknesses regarding this area of concern to all of society.

SELF EVALUATION

1. What connotations does the word "alcohol" have for you?
 - a. What emotions are called forth in you?
 - b. What mental images, if any, are called up in you?
2. Using your responses to number 1 search back into your own history and clarify the sources of your feelings and images:
 - a. observations of family members
 - b. religious training
 - c. observation of a friend
 - d. an experience you had yourself
 - e. media presentations
 - f. school instruction
 - g. a present situation you are involved in
 - h. any other sources
3. Label each item in number 2 in one of the following ways to clarify what it taught you about alcohol:
 - a. to use alcohol moderately
 - b. to abuse alcohol
 - c. both a and b
 - d. neither a or b (alcohol not involved in any way)
4. If you have had some negative experiences with alcohol in your past, do you identify yourself as "healed" of the negative effects or do you recognize "unhealed" areas? (healed meaning the following: the pain of the experience has resolved itself in you and any scars are understood and recognized for what they are; and that the scars do not prevent you from seeing both sides of the issue regarding alcohol: moderate use and abuse.)
5. Does social pressure dictate your use of alcohol, or have you made a personal decision regarding its use that you attempt to live by no matter what the circumstances might be?
6. Would you identify yourself as "in control" of your own attitudes regarding alcohol so that you could reason coolly and logically with someone with opposing views? ...as opposed to it being an automatic emotional issue for you?
7. Review your definition of yourself as a teacher. Are you comfortable with all the challenges of this definition with regard to alcohol education and its demands on you?

HOW TO USE THESE LESSON PLANS

These lesson plans are designed to assist you in making alcohol education relevant and interesting to your students. It is assumed that all previous material to your grade level has been covered by earlier instructors. If your students have not had the lead-up information, please choose carefully from the preceding grades, what information you feel they need before going into their own grade level. In addition, you should make every effort at all grade levels to incorporate parents into the whole goal structure, particularly when the students are dealing with attitudes about the use of alcohol. Realizing that the child's primary values come from parents, you should present the goals and objectives of alcohol education to the parents before using these plans with the children.

It is strongly recommended that all those dealing with the individual students be sensitive to the child's response to this program. Be prepared to implement an alternative program if the child's home experiences make the issue of alcohol too sensitive for him/her to handle it as a classroom presentation. This alternative might include special counselling in addition to the classroom presentation or possibly removal from the class during discussion of the topic "alcohol".

This plan book is divided into two major sections: Learning Activities (white pages), and Resource Supplement (yellow pages). The Learning Activities section contains lesson plans for classroom instruction, designed to involve students in expressing their feelings, making decisions, and understanding their values and behaviors related to alcohol, as well as gaining basic information about alcohol.

Please feel free to use the activities in whatever order you choose, and add your own ideas and materials.

Another feature of the plan book is the integration grid found on the back of each activity sheet. There you will find ideas on how the objective stated on the front of the sheet (box marked "Ready") can be accomplished through other subject areas. Share the ideas with fellow teachers and if you have an idea for integration into another subject area, please write it in the appropriate space on the grid.

The Yellow Pages (Part III) is a resource supplement containing the basic factual content upon which the learning activities are based. Where appropriate, each lesson plan has been cross-referenced with the corresponding section and page number in The Yellow Pages so that if you want additional information before teaching the lesson, you can "find it fast in The Yellow Pages."

SELF EVALUATION

Good teaching includes continual evaluation of your presentation and how this was received by the students. As you become aware of the dynamics of your class, continually adjust the material to keep it relevant to your group.

GOALS AND OBJECTIVES

JUNIOR HIGH

Overall Goal: The overall goal is to help young people make responsible decisions about alcohol.

Specific Goals and Objectives: The specific goals and objectives at the Junior High level are:

DECISION-MAKING

The student will know that the decisions he/she must make concerning alcohol are influenced by many factors and will develop skills to help him/her make those decisions.

- A. The student will identify his/her feelings and values about the use of alcohol and understand how they affect his/her decisions. (p. 20)
- B. The student will be able to discriminate between responsible and irresponsible decisions related to alcohol. (p. 31)

COPING

The student will know and be able to use a variety of coping skills for dealing with problems.

- A. The student will know that coping behavior is part of everyone's life and people use various methods for coping with their problems, including alcohol. (p. 23)

ALCOHOL INFORMATION

The student will know facts about alcohol, its use and abuse, and its effect on the human body in order to make responsible decisions about alcohol.

- A. The student will be able to identify the physical and behavioral effects of alcohol on the body. (p. 3, 6, 11)
- B. The student will be able to identify the implications of the effects of alcohol on personal safety and the safety of others. (p. 16)
- C. The student will know the symptoms, effects, and treatment of the illness, alcoholism, and its consequences for the individual, family, and society. (p. 25)
- D. The student will be able to identify the resources available in his/her community to help people who have drinking problems and/or are coping with the drinking problem of someone else. (p. 25)

SELF-IMAGE

The student will understand the relationship of self-image to the decisions that he/she makes.

- A. The student will identify the relationship between self esteem and behavior, between self esteem and the use of alcohol. (p. 39)
- B. The student will identify a variety of ways to feel good. (p. 37)

The following is a list of possible individual or group projects that could be used to supplement the learning activities found in this plan book.

Easy Projects

1. Make a poster or collage using one of the topics below:
 - a) reasons people drink
 - b) alcoholism
 - c) acceptable and/or unacceptable drinking
 - d) warning signs of alcoholism
 - e) physical effects of alcohol
 - f) kinds and types of alcoholic beverages
 - g) history of alcohol
 - h) methods of advertising to promote drinking of alcohol
2. Collect cartoons or comic strips that deal with alcohol use. Attach them in a notebook or on poster paper. Briefly comment on the cartoonist's view of alcohol.
3. Select a picture or drawing and write a story about alcohol that relates to the picture.
4. Choose a song whose lyrics involve alcohol use. Then make a report (oral, written) discussing the attitudes toward alcohol expressed in the song.
5. Complete the following statements. Explain your reasons:
 - a) If I could make my parents understand one thing about alcohol, it would be _____.
 - b) One thing about alcohol that really bugs me is _____.

Advanced Projects

1. Develop a report on one of the following topics:
 - a) reasons why people drink
 - b) drinking and driving
 - c) teenage drinking
 - d) children of alcoholic parents
 - e) Alateen
 - f) effects of alcohol
 - g) alternatives to alcohol use
 - h) local resources to help those people with alcohol problems
 - i) alcohol, pregnancy and parenthood

Reports can be written or oral or you may want to use slides and/or an audio tape to illustrate your points.

2. Visit your local Community Alcohol Center and share what you learned with the class. This could also be done with slides and a tape-recorded interview.
3. Collect newspaper articles related to alcohol and organize them by topic, e.g., drinking and driving, alcoholism, etc., and comment on the articles.
4. Create a play on decision-making about alcohol. Select a cast and present it to the class.
5. Conduct a survey on people's attitudes toward lowering the drinking age. Tabulate your results and share your conclusions with the class.
6. Make a map of your neighborhood. Mark all of the places within a one-mile radius where alcohol can be purchased. Create a legend that will indicate what type of alcohol is available there, what kind of business it is--tavern, grocery store, etc.--and what the hours are. Write a brief statement about the availability of alcohol in your neighborhood and what if any effect you think it has on the decisions of people who live there about alcohol.

<p>AREA: Alcohol Education</p> <p>PAGE: 3</p> <p>TOPIC: ALCOHOL INFORMATION - "Thinking About Drinking"</p> <p>GRADE: Junior High School</p>	<p>r e a d y</p> <p>s e t g o</p> <p>The student will be able to identify the physical and behavioral effects of alcohol on the body.</p>
<p>I will use this activity to help students:</p> <p><input checked="" type="checkbox"/> develop self-concept</p> <p><input checked="" type="checkbox"/> improve decision-making ability</p> <p><input checked="" type="checkbox"/> clarify attitudes and values</p>	<p><input checked="" type="checkbox"/> increase knowledge</p> <p><input checked="" type="checkbox"/> improve communications</p> <p><input checked="" type="checkbox"/> learn or improve health skills</p>
<p>ACTIVITY</p> <p>Alcohol Series from Scriptographic Booklet</p> <p>Channing L. Bere Co. Greenfield, Mass. U.S.A. 1978 edition</p>	<p>Note: The teacher should be familiar with the booklets before beginning this activity. This material can serve as an effective review of alcohol information as well as a basis for discussion of attitudes about drinking. It may take more than one class period to complete.</p> <p>1. Give each student a copy of the booklets.</p> <p>2. Ask them to read the booklets.</p> <p>3. When students have completed the reading, ask them to choose a section from the booklets for discussion.</p>
<p>EVALUATION</p>	<p>COMMENTS OR SUGGESTED CHANGES</p> <p>Teacher evaluation of activity: Please circle:</p> <p>1 2 3 4 5 Right! <u> </u> Wrong!</p>

PHYSICAL EDUCATION

MUSIC

Identify a number of songs that deal with alcohol; e.g.

"Bottle of Wine"
"Tonight the Bottle Let Me Down"

Look at the attitudes about alcohol in music and discuss how this may affect the listener.

SOCIAL STUDIES

LANGUAGE ARTS

Have students watch TV, listen to radio, and look through magazines and newspapers for messages on alcohol. Have them record the messages or bring in examples of the printed ads. Discuss as a class what the messages are saying.

Have students write their own pamphlet on alcohol education for fellow students or younger students.

BIOLOGY

PHYSICS

MATH

HOME ECONOMICS

CHEMISTRY

PSYCHOLOGY

Take the alcohol quiz and dispel myths after researching correct responses.

DRAWING

OTHER

Have students prepare a presentation for 5th or 6th graders on the material found in the booklets.

ALCOHOL QUIZ

TRUE-FALSE

- _____ 1. A person's true personality is revealed when he/she is under the influence of alcohol.
- _____ 2. Alcohol is a stimulant.
- _____ 3. Even a small amount of alcohol can reduce coordination and driving skills.
- _____ 4. Most alcoholics are on "skid row", however some are "ordinary employed citizens".
- _____ 5. Alcohol has no food value (minerals, protein, vitamins).
- _____ 6. Prolonged excessive drinking can shorten life by 10-12 years.
- _____ 7. Most alcoholics are not employed.
- _____ 8. A teenager cannot be a "real" alcoholic.
- _____ 9. An alcoholic is a person who drinks daily.
- _____ 10. Beer does not have the same "type" of alcohol present that whiskey has.
- _____ 11. A "blackout" occurs when an alcoholic "passes out".
- _____ 12. The best way to help an alcoholic is to cover up for him/her.
- _____ 13. Alcoholics are people with no will power.
- _____ 14. The ability to confine drinking to weekends suggests that a person is probably not an alcoholic.

The student will be able to identify the physical and behavioral effects of alcohol on the body.

r
e
e
t
g
o

I will use this activity to help students:
 develop self-concept
 improve decision-making ability
 clarify attitudes and values

- increase knowledge
- improve communication
- learn or improve health skills
- develop social responsibility
- other (please designate)

RESOURCES

Teacher: create

Transparencies:
 human body
 brain

Copies of :

Diagrams-

male body
 female body
 human brain
 (See following
 pages)

ACTIVITY

1. Make copies of the body and brain diagrams (See following pages) for the class and distribute to students.

2. Using the body transparencies, explain what happens to alcohol in the body beginning with ingestion, through absorption, circulation, oxidation and excretion. Indicate the possible short- and long-term effects of alcohol on various organs. (Differentiate between light and heavy drinking.)

3. Students can follow teacher's explanation using their diagrams.
 Have them write in the name of the organs.

Students could also note on the diagram the short- and long-term effects of alcohol on the organs, differentiating between light and heavy drinking.

4. Using the brain transparency, review the location and function of the control centers of the brain. Explain how increasing the blood alcohol level in the body progressively affects different centers of the brain. Describe what effect this has on immediate behavior. Explain the long-term effects of alcohol on the brain resulting from light and heavy drinking.

Read The Yellow
Pages:

Effects of
 Alcohol,
 pp. 28-43

EVALUATION

COMMENTS OR
SUGGESTED CHANGES
Teacher evaluation of
activity:
Please circle:

1 2 3 4 5
Great!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 7

PHYSICAL EDUCATION

MUSIC

SOCIAL STUDIES

LANGUAGE ARTS

PHYSICS

MATH

BIOLOGY

HOME ECONOMICS

CHEMISTRY

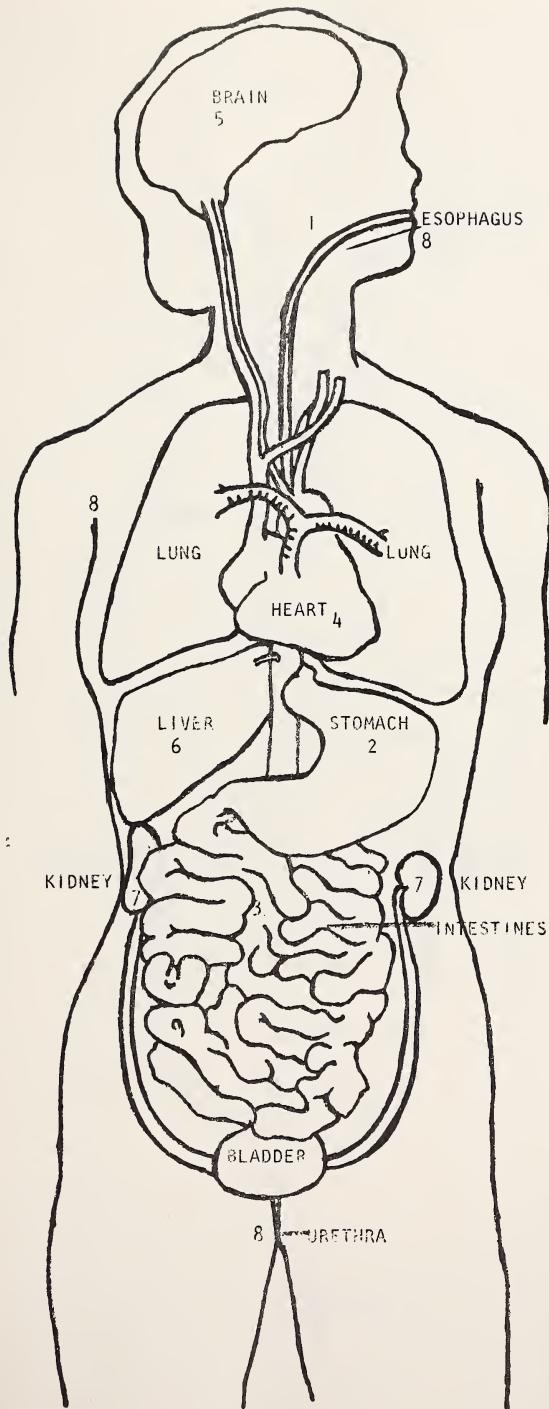
Do an experiment using ether and gerbils. Ether is essentially the same chemically as alcohol. Put the gerbil in an air-tight aquarium with an ether-soaked rag. Observe until the gerbil passes out. Remove the cover and rag and observe recovery.

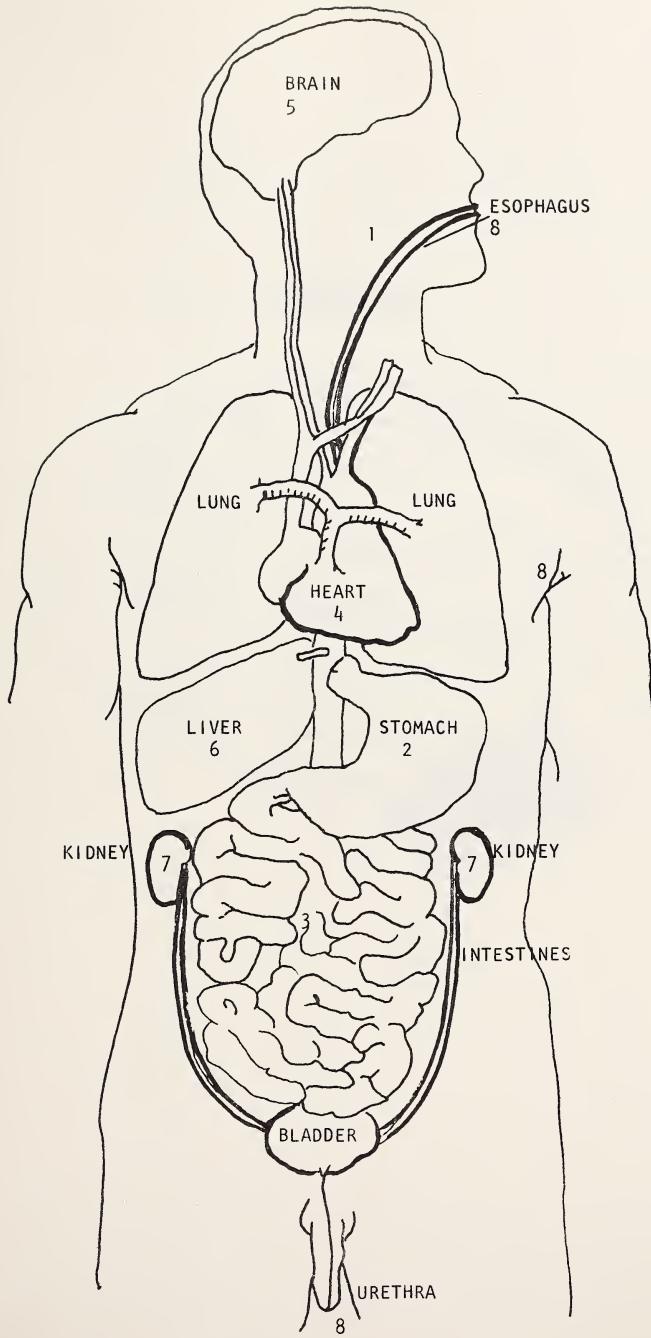
PSYCHOLOGY

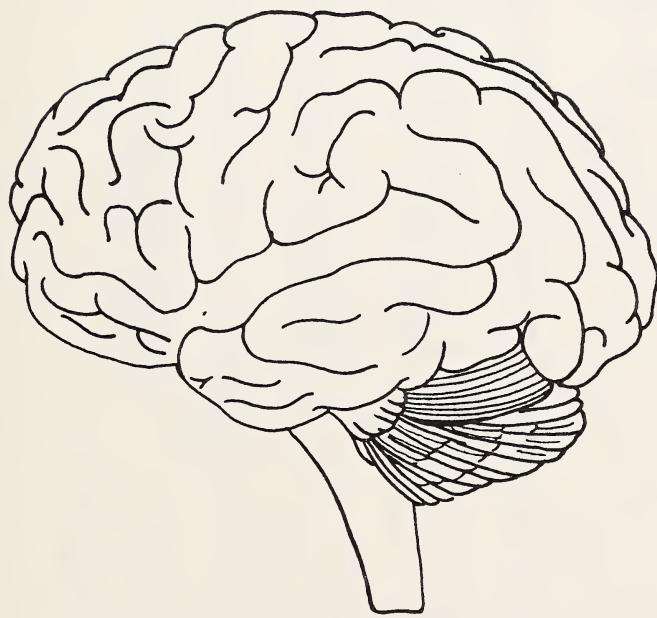
DRAMA

OTHER _____

Discuss why people behave differently while under the influence of alcohol.





BRAIN

AREA: Alcohol Education

PAGE: 11

TOPIC: ALCOHOL INFORMATION - Help Me

GRADE: Junior High School

The student will be able to identify the physical and behavioral effects of alcohol on the body.

I will use this activity to help students:
 develop self-concept
 improve decision-making ability
 clarify attitudes and values

increase knowledge
 improve communications
 learn or improve health skills

EVALUATION

ACTIVITY

Copy of:

1. Make copies of the "Help Me!" story (see following pages) and its conclusion for the class.

RESOURCES

- 1) "Help Me!" story
- 2) Story conclusion
(See following pages)

what clues about the man's behavior made you think he was drunk?
what clues about the man's behavior made you think he was not drunk?
.how did other characters in the story seem to feel toward the man?
(fear, ridicule, disgust, apathy, sympathy, etc.)

3. After writing their own endings, have the class break into small groups to discuss the endings and the questions in #2. Have the groups report their responses to the class and discuss.

Read The Yellow Pages

Effects of Alcohol,
pp. 28-43
and Safety,
p. 69

COMMENTS OR SUGGESTED CHANGES
Teacher evaluation
of activity.

Please circle:
1 2 3 4 5
Right:

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 12

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
		Review Montana State Laws relating to alcohol with students (See Yellow pages, Section XII)
LANGUAGE ARTS	PHYSICS	MATH
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAMA	OTHER
		Role-play the story rather than having students read it; then carry out the activity as outlined on the front of this sheet. Have students act out the ending.



HELP ME!

It was a strange feeling for Mr. Tom Kaye as he walked down the street. The buildings swayed and the sidewalk moved and he realized he wasn't walking straight. So, apparently, did people in the street. As he walked slowly and unsteadily toward a neatly-dressed woman, she gasped and walked rapidly away. Tom stopped. He looked around and uttered a quiet "mish-ter", but nobody seemed to hear. Several passers-by just kept walking as if he didn't exist.

He was not well-dressed although he was neat and he carried the bag of a salesman. It was true, he was sad. He worked very hard, starting at dawn, not returning home till evening. But even working more than 12 hours a day did not get him very far. He still barely earned enough money to support his wife and child, and he was worried about how they would feed another when the new baby came in a few months. And now this. He didn't understand it. He had never been sick before.

Tom walked up to a well-dressed gentleman, began to say "Mish-ter", but the man simply shook his head, said "It's too bad, fellow," and continued walking. He was kindly enough but of no help.

Tom stood still waiting for someone else to pass by. As soon as he

spotted a young man about his own age, he called out, "Mish-ter, please....," but the man cut him off in mid-sentence. "Serves you right," he said. "And so early in the day. If you must drink, at least do it at night." And he walked away with a scowl on his face.

Even in his cloudy brain, Tom realized he must get help. He wasted no words on the next passer-by, an older woman who looked very dignified. "I'm sick, madam," he said. "Please...." "You certainly are," she replied. "Anybody who drinks too much is," and she continued walking, her head high in the air.

By now, Tom was reeling. He could barely stand up. He really felt sick, but nobody would help. He was certain he was going to pass out, when he saw a man standing in the doorway of a warehouse about 40 feet away. In desperation, he made his legs move, hoping to reach the doorway before the man disappeared or Tom himself collapsed. It seemed like hours, but he finally made it. There stood a tall, muscular guy, smoking a cigar, a smile on his face.

"I'm sick," Tom said. "Please help."

The man (the name "Jack" was embroidered on his work clothes) said, "Yeah, go home and sleep it off. I've had a few too many myself at times," and he laughed.

"But....I....can't....I'm really sick....Please....get....help," Tom gasped.

Jack laughed again. "It sure is awful after the 'high' wears off, "he said.

"Please....," Tom pleaded. "Call....for....help....," and he pointed unsteadily to a telephone behind Jack.

Complete the story by describing what, if anything, Jack does and what happens to Tom.

ACTUAL STORY ENDING (Distribute after students have discussed the completions they wrote)

Jack finally dialed. Maybe the guy was on the level. Jack realized he didn't smell of alcohol, and he couldn't be 100% sure.

The ambulance raced through the streets to the nearest hospital. In the emergency room Tom was promptly examined. The doctor rushed him into an oxygen tent and relaxed when he saw his breathing was easier.

He said to a nurse, "Haven't seen a case like this in years. A collapsed lung. He's lucky he got here when he did. It'll be weeks before the lung heals. He'll be here for a while."

When Mrs. Kaye arrived, Tom was comfortable and awake. Still, he found it difficult to speak, but slowly he said, "They thought....I was....drunk. Can you....imagine....that?"

All he ever had was a little wine at religious ceremonies. He had never drunk hard liquor in his life, not even a taste.

This is a true story.

AREA: Alcohol Education

PAGE: 16

TOPIC: ALCOHOL INFORMATION - What Would You Do?

GRADE: Junior High School

The student will be able to identify the implications of the effects of alcohol on personal safety and the safety of others.

I will use this activity to help students:
 develop self-concept
 improve decision-making ability
 clarify attitudes and values

increase knowledge
 improve communications
 learn or improve health skills
 other (please designate)

develop social responsibility

EVALUATION

ACTIVITY

RESOURCES

Copy of:
Worksheet-
"What Would
You Do?"
(See following
page)

1. Make copies of the worksheet (see following page) and distribute to class.
2. Students write brief response to one or more scenarios.
3. Students break into small groups to discuss:
 - what they could do, how and why.
 - what they would do, how and why.

Each group reports its conclusions to class and responds to questions and comments from class and teacher.

Read The Yellow
Pages;

Safety, pp. 69-73

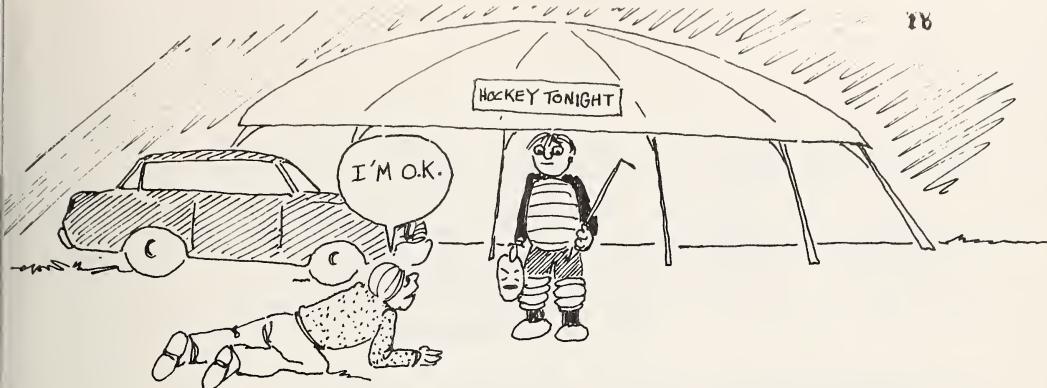
COMMENTS OR
SUGGESTED CHANGES

Teacher evaluation
of activity.
Please circle:

1 2 3 4 5
_____ 100%

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 17

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
		Discuss social problems created by the problems illustrated in the situations in this activity and examine society's response to these problems.
LANGUAGE ARTS	PHYSICS	MATH
	Write a "Handbook for Passengers" containing suggestions for responding to an offer to ride in a car with someone who has been drinking.	
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	Drama	OTHER _____
	Role-play the scenes and solutions.	



WHAT WOULD YOU DO?

1. You are just finishing up hockey practice and your brother has come to pick you up. He hates this task and you know it, but the rink is several miles from home. A taxi would be expensive, and your father is working and your mother is taking care of your brothers and sisters. This time your brother is roaring drunk but insists he's able to drive okay. You have about 25 cents on you. Bus fare to your home is 40 cents. What could you do? What would you do? Why?

2. Jack noticed that Brenda, his date, was very loud at the party. She accepted another drink and was consuming it rapidly. "Hey, Brenda, lay off. You've had too much!" Jack said firmly as he tried to remove the glass from her hand. Brenda pushed back angrily. "Leggo" What could Jack have done? What would you have done? Why?

3. You babysat tonight with three children while their parents went to a party. You need every cent of the money for new school clothes, so you don't want to take a cab. The lady, who is your mother's best friend, offers to drive you home, but she is so drunk she had trouble getting in the house. What could you do? What would you do? Why?

4. Cindy is going to a party. Her parents ask her about her plans. Cindy wonders what to say. She knows they don't approve of liquor, yet the party is at Tom's and there is going to be beer for everyone. What could Cindy do? What would you do? Why?

5. A good friend has offered you a ride home from school today after track practice. You don't have any money with you and your parents will not be home until later. Your friend's mother comes roaring down the street in their green station wagon. Instead of stopping at the curb, she pulls right up on the sidewalk in front of the school. As soon as you get into the car you can smell liquor on her breath. You don't want to hurt your friend's feelings, and he isn't saying anything. You live four miles from school. What could you do? What would you do? Why?

6. Todd has never had a chance to try alcohol and has decided he would like to find out what it is like. What could he do? What would you do? Why?
7. Your 17-year-old sister has a date with her boyfriend. He's obviously drunk, since he knocked over a lamp trying to sit down and has talked only nonsense. You go upstairs and tell your sister he's drunk, and she tells you to mind your own business. You know they are going in his car to a party on the other side of town. Your parents are next door with friends. What could you do? What would you do? Why?
8. Dick Smith is invited to a party and when he arrives, he finds out that liquor is being served. Now Dick has never had a drink and doesn't want to start. Everyone is urging him to have one. There are no nonalcoholic beverages offered. What could he do? What would you do? Why?

AREA: Alcohol Education TOPIC: DECISION-MAKING - Alcohol Attitudes	PAGE: 20 GRADE: Junior High School																			
<p style="text-align: center;"><i>r e a d v y</i></p> <p>The student will be able to identify his/her feelings and values about the use of alcohol and understand how they affect his/her decisions.</p>																				
<p style="text-align: center;"><i>s e t t g o</i></p> <p>I will use this activity to help students:</p> <ul style="list-style-type: none"> <input type="checkbox"/> develop self-concept <input type="checkbox"/> improve decision-making ability <input checked="" type="checkbox"/> clarify attitudes and values 	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">RESOURCES</th> <th style="width: 40%;">ACTIVITY</th> <th style="width: 40%;">EVALUATION</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> Copy of: Worksheet - "Alcohol Attitudes" (See following page) </td><td style="padding: 5px;"> <p>ACTIVITY</p> <p>1. Make copies of the "Alcohol Attitudes" worksheet (see following page) and distribute to students to complete.</p> <p>2. After each individual has identified his/her own rank order, form groups of four or five students. Have each group come up with a group consensus ranking which is marked to the right of each item under "group response."</p> <p>3. Discuss the groups' responses as a class and allow students time to express their feelings.</p> </td><td style="padding: 5px;"> <p>EVALUATION</p> <p>develop social responsibility <input type="checkbox"/> other [please designate]</p> </td></tr> <tr> <td colspan="2"></td><td style="text-align: right; padding: 5px;"> COMMENTS OR SUGGESTED CHANGES Teacher evaluation of activity. Please circle: <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> <td style="text-align: right;">4</td> <td style="text-align: right;">5</td> </tr> <tr> <td colspan="4" style="text-align: center;">High.</td> <td style="text-align: center;">Wow!</td> </tr> </table> </td></tr> </tbody> </table>	RESOURCES	ACTIVITY	EVALUATION	Copy of: Worksheet - "Alcohol Attitudes" (See following page)	<p>ACTIVITY</p> <p>1. Make copies of the "Alcohol Attitudes" worksheet (see following page) and distribute to students to complete.</p> <p>2. After each individual has identified his/her own rank order, form groups of four or five students. Have each group come up with a group consensus ranking which is marked to the right of each item under "group response."</p> <p>3. Discuss the groups' responses as a class and allow students time to express their feelings.</p>	<p>EVALUATION</p> <p>develop social responsibility <input type="checkbox"/> other [please designate]</p>			COMMENTS OR SUGGESTED CHANGES Teacher evaluation of activity. Please circle: <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> <td style="text-align: right;">4</td> <td style="text-align: right;">5</td> </tr> <tr> <td colspan="4" style="text-align: center;">High.</td> <td style="text-align: center;">Wow!</td> </tr> </table>	1	2	3	4	5	High.				Wow!
RESOURCES	ACTIVITY	EVALUATION																		
Copy of: Worksheet - "Alcohol Attitudes" (See following page)	<p>ACTIVITY</p> <p>1. Make copies of the "Alcohol Attitudes" worksheet (see following page) and distribute to students to complete.</p> <p>2. After each individual has identified his/her own rank order, form groups of four or five students. Have each group come up with a group consensus ranking which is marked to the right of each item under "group response."</p> <p>3. Discuss the groups' responses as a class and allow students time to express their feelings.</p>	<p>EVALUATION</p> <p>develop social responsibility <input type="checkbox"/> other [please designate]</p>																		
		COMMENTS OR SUGGESTED CHANGES Teacher evaluation of activity. Please circle: <table style="margin-left: auto; margin-right: 0;"> <tr> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3</td> <td style="text-align: right;">4</td> <td style="text-align: right;">5</td> </tr> <tr> <td colspan="4" style="text-align: center;">High.</td> <td style="text-align: center;">Wow!</td> </tr> </table>	1	2	3	4	5	High.				Wow!								
1	2	3	4	5																
High.				Wow!																

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 21

PHYSICAL EDUCATION Discuss how alcohol at various levels affects physical performance.	MUSIC SOCIAL STUDIES Examine how society's attitudes have shaped public policy toward alcohol and alcoholism.
LANGUAGE ARTS PHYSICS MATH Have students calculate their own blood alcohol levels given their blood volume and a given quantity of 100 proof liquor.	PHYSICS MATH Have students calculate their own blood alcohol levels given their blood volume and a given quantity of 100 proof liquor.
BIOLOGY HOME ECONOMICS CHEMISTRY ART - Make a collage or poster illustrating your attitudes about alcohol.	HOME ECONOMICS CHEMISTRY ART - Make a collage or poster illustrating your attitudes about alcohol.
PSYCHOLOGY DATA OTHER DRIVER EDUCATION Review how we develop our attitudes and values. Discuss or illustrate implications for driving. How does blood alcohol level affect driving performance?	DATA OTHER DRIVER EDUCATION Review how we develop our attitudes and values. Discuss or illustrate implications for driving. How does blood alcohol level affect driving performance?



ALCOHOL ATTITUDES

Directions:

Read the description of the fictitious people listed below and rank them on the basis of how strongly you feel about their negative characteristics. No. 1 would represent the character who you feel has the most negative (bad) characteristics, and No. 8 would have the least negative characteristics. For example, one might rank a person who deliberately gives a child an apple in which he has hidden razor blades as No. 1, and one who cheats on his diet by having a candy bar as No. 8.

Individual RankGroup Response

<u>Friend</u>	A person who buys beer in a grocery store to give to her friends who are under 21 years of age.	<hr/>
<u>Counselor</u>	A student who comes to a counselor in school to tell him/her of his involvement with alcohol and the counselor tells his parents.	<hr/>
<u>Boozer</u>	Person who comes to the school dance drunk.	<hr/>
<u>Teacher</u>	Teacher who believes very strongly that alcohol is bad and has told a few things to his/her students that weren't true just so they would be sure not to drink.	<hr/>
<u>Father</u>	Father who drinks a couple beers each evening to be sociable but yells when he hears his 15-year-old son has been drinking at a party.	<hr/>
<u>Driver</u>	A 22-year-old girl who has been drinking heavily at a party and decides to drive her friends home in her parents' car.	<hr/>
<u>Police</u>	Policeman who knows of a 9th grade drinking party but doesn't investigate because he says, "Kids will be kids."	<hr/>
<u>Alcoholic</u>	Man who argues with his wife and causes family problems because he can't hold a job.	<hr/>

r **e** **a** **d** **y** The student will identify that coping behavior is part of everyone's life and that people use various methods for coping with their problems, including alcohol.

s e t	I will use this activity to help students: <input type="checkbox"/> develop self-concept <input checked="" type="checkbox"/> improve decision-making ability <input checked="" type="checkbox"/> clarify attitudes and values	<input checked="" type="checkbox"/> increase knowledge <input type="checkbox"/> improve communications <input type="checkbox"/> learn or improve health skills	<input type="checkbox"/> develop social responsibility <input checked="" type="checkbox"/> other (please designate) <input checked="" type="checkbox"/> develop coping skills
RESOURCES	ACTIVITY	EVALUATION	COMMENTS OR SUGGESTED CHANGES

g o	1. Suggested questions for discussion: a) What problems do children of alcoholic parents have? b) What ways can you suggest for the children of an alcoholic to help the alcoholic? c) Name some people or places in our community who can help alcoholics and their families. How could you find out about other sources?	Evaluation Teacher evaluation of activity. Please circle:
Read the Yellow Pages:	Alcoholism, pp. 44-60 and Resources, pp. 96	1 2 3 4 5 Urg! Give!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 24

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
Give students opportunities to use physical exercise/activity as a means for coping with stress and then discuss.	Identify songs that talk about helping others; e.g., "Lean On Me" "Bridge Over Troubled Water" "You've Got A Friend"	Discuss child abuse laws in the State of Montana and local resources available to assist the abused child.
	Discuss ways to help a friend who is having problems.	Discuss peer pressure; influence of older people on younger people
LANGUAGE ARTS	PHYSICS	MATH
	Students write poems about situations they've been in and had to cope with.	Calculate the number of family members in the U.S., Montana , your community affected by alcoholism.
	Write a story about a time when you pressured someone or were pressured yourself to do something.	
BIOLOGY	HOME ECONOMICS	CHEMISTRY
	Have students research the effects of alcoholism on the family.	
PSYCHOLOGY	DRAMA	OTHER _____
Examine the decision-making process and how people use it.	Dramatize how a family might deal with an alcoholic parent.	
Discuss various coping mechanisms common to stressful situations.	Role-play different ways people try something new.	

The student will identify the symptoms, effects and treatment of the illness, alcoholism, and its consequences for the individual, family and society.

The student will be able to identify the resources available in his/her community to help people who have drinking problems and/or are coping with the drinking problem of someone else.

I will use this activity to help students:

- develop self-concept
- improve decision-making ability
- develop attitudes and values

RESOURCES

Request a speaker from your Community Alcohol Center (see following page for telephone number).

Specify topics to be covered (see activity column).
From the kit:

Transparency-map
Copy of:

Information Sheet, "Where is Help?"
Read The Yellow Pages:
Alcoholism p.44
Resources, pp. 96

ACTIVITY

1. Make copies of "Where Is Help?" information sheet for the class (see following page).

Invite speaker to discuss alcoholism and sources of help. Ask him/her to include the following content:

- a) Case history of alcoholism (own story and/or experiences of others)
 - steps to alcoholism
 - problems created by alcohol abuse
 - when he/she decided to get help
 - help "process"
 - life at present for him/her
- b) Sources of help
 - services various agencies provide
 - types of clients
 - how to get help

2. Have the map transparency available for the speaker's use.
3. Distribute "Where is Help?" information sheet to students.

4. Allow ample time for student questions and discussion.

EVALUATION

1. increase knowledge

2. improve communications

3. learn or improve health skills

COMMENTS OR SUGGESTED CHANGES

Teacher evaluation of activity.

Place circle:

1 2 3 4 5

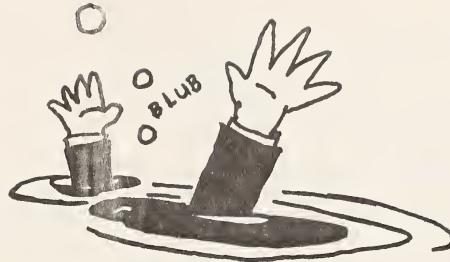
SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS

26

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
--------------------	-------	----------------

LANGUAGE ARTS	PHYSICS	MATH
		Calculate the cost of alcoholism to the family. Find out the cost of different types of drinks, cost of time lost from work, etc.
BIOLOGY	HOME ECONOMICS	CHEMISTRY
	Look at the physiological process of deterioration of the liver due to excessive drinking.	Discuss the problem of malnutrition among late-stage alcoholics. What are its causes and effects.
PSYCHOLOGY	DRAMA	OTHER _____

WHERE
IS
HELP?



If you feel you have a drinking problem or if you need help coping with the drinking problem of a family member or someone else, there are many agencies to help you. Check the map of the following page for the location of facilities near you and find the corresponding number(s) on the listing below for the address and phone number. These agencies and organizations provide information for alcoholics and the families of alcoholics.

1. FRANCES MAHON DEACONESS HOSPITAL/
CHEMICAL DEPENDENCY CENTER
P.O. Box 4715
Glasgow AFB, MT 59231 (524-6281)
2. HIGH PLAINS COUNCIL FOR DISTRICT I
DISTRICT II PUBLIC ALCOHOLISM PROGRAM
Sheridan County Courthouse
Plentywood, MT 59254 (765-2530)

Satellite Offices:

- A. Sheridan County Courthouse
Plentywood, MT 59254 (765-2361)
- B. Roosevelt County Courthouse
P.O. Box 357
Wolf Point, MT 59201 (653-2131)
- C. Daniels County Courthouse
Scobey, MT 59263 (487-5901)
- D. District I Alcohol & Drug Program
P.O. Box 852
Glasgow, MT 59230 (228-9093)
- E. Glendive Alcohol Satellite
Glendive Medical Center
Glendive, MT 59330 (365-5942)
- F. Sidney Alcohol Satellite
221 5th St. SW
Sidney, MT 59270 (482-4097)
3. FORT PECK TRIBAL ALCOHOLISM PROGRAM
P.O. Box 307
Poplar, MT 59255 (768-3852)

4. TRI-COUNTY ALCOHOL PROGRAM
10 W. Fallon Ave.
Baker, MT 59313 (778-2944)
5. CUSTER COUNTY ALCOHOL PROGRAM
Courthouse
Miles City, MT 59301 (232-6542)
6. HOLY ROSARY HOSPITAL
2101 Clark
Miles City, MT 59301 (232-2540)
7. ROSEBUD COUNTY ALCOHOL PROGRAM
P.O. Box 251
Forsyth, MT 59327 (356-2670)
8. PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301 (232-1377)
9. NORTHERN CHEYENNE RESERVATION
ALCOHOL PROGRAM
Lame Deer, MT 59043 (477-6381)
10. REGIONAL PREVENTION/EDUCATION
COORDINATOR
P.O. Box 224
Forsyth, MT 59327 (356-7313)
11. MEDICINE PINE LODGE
P.O. Box 426
Browning, MT 59417 (338-7178)
12. FORT BELKNAP TRIBES ALCOHOL PROGRAM
Fort Belknap Reservation
Harlem, MT 59526 (353-2205)

13. HILL-TOP RECOVERY CENTER
P.O. Box 750
Havre, MT 59501 (265-9665)
- Satellite Offices
- G. P.O. Box 1384
Fort Benton, MT 59442 (622-3625)
- H. 350 O'Haire Blvd.
Shelby, MT 59474 (434-5002)
- I. Box 1017
Chinook, MT 59523 (357-3195)
- J. Conrad, MT 59425 (278-7752)
14. PROVIDENCE ALCOHOLISM CENTER
920 4th Ave. North
Great Falls, MT 59401 (727-2512)
15. ROCKY BOY TRIBAL ALCOHOLISM PROGRAM
Rocky Boy Route
Box Elder, MT 59521 (395-2736)
16. CASCADE COUNTY ALCOHOL PROGRAM
1601 2nd Ave. North - Room 109
Great Falls, MT 59401 (452-6430)
17. RIMROCK GUIDANCE FOUNDATION
923 North 29th Street
Billings, MT 59101 (248-3175)
18. SWEET GRASS COUNTY FOUNDATION
P.O. Box 757
Big Timber, MT 59011 (932-3611)
19. STILLWATER ADDICTIVE DISEASES FOUNDATION
Stillwater Community Hospital
Columbus, MT 59019 (322-5245)
20. WHEATLAND FAMILY SERVICES
Box 633
Harlowton, MT 59036 (632-4778)
21. GOLDEN VALLEY FOUNDATION
P.O. Box 186
Ryegate, MT 59074 (568-2385)
22. MUSSELSHELL COUNTY FOUNDATION
1202 3rd St. W. - P.O. Box 917
Roundup, MT 59072 (323-1806)
23. CARBON COMMUNITIES SERVICES
P.O. Box 942
Red Lodge, MT 59068 (446-2296)
24. ALCOHOL & DRUG SERVICES OF
CENTRAL MT, INC.
P.O. Box 963
Lewistown, MT 59457 (538-8421)
25. DAY BY DAY HALF WAY HOUSE
28 Burlington
Billings, MT 59101 (252-8521)
26. CROW TRIBAL ALCOHOL PROGRAM
P.O. Box 28
Crow Agency, MT 59022 (638-2662)
27. SOUTH CENTRAL MT MENTAL HEALTH CTR.
1245 North 29th Street
Billings, MT 59101 (252-5650)
- Satellite Office
- K. BIG HORN COUNTY ALCOHOL PROGRAM
P.O. Box 495
Hardin, MT 59034 (665-3542)
28. SOUTHWESTERN MT ALCOHOLISM SERVICES
801 North Last Chance Gulch
Helena, MT 59601 (442-0310)
- Satellite Offices
- L. Southwestern Alcoholism Services
512 Logan
Helena, MT 59601 (442-8831)
- M. Bozeman Problem Drinking Center
Room 136 - 1st National Bank Bldg.
Bozeman, MT 59715 (586-5493)
- N. Dillon Alcohol Services
State Bank & Trust Bldg.
Dillon, MT 59725 (683-4305)
- O. Madison County Alcohol Program
Ennis, MT 59729 (682-7190)
29. PROBLEM DRINKING CTR. OF PARK CO.
414 E. Callendar
Livingston, MT 59047 (222-2812)
30. ALCOHOLISM SERVICE OF ANACONDA
600 Oak, Community Hospital
Anaconda, MT 59711 (563-6601)
31. POWELL COUNTY ALCOHOLISM CENTER
309 Missouri
Deer Lodge, MT 59722 (846-3442)

32. COMMUNITY ALCOHOLISM SERVICES
28 E. Broadway
Butte, MT 59701 (792-2341)
33. GALEN STATE HOSPITAL AT & R
Rt. 1, Galen
Deer Lodge, MT 59722 (693-2281)
34. BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701 (792-0461)
35. LEWIS & CLARK ALCOHOLISM PROGRAM
410 9th Avenue
Helena, MT 59601 (443-2343)
36. CARE UNIT
Silver Bow General Hospital
Continental Drive
Butte, MT 59701 (723-4341)
37. MONTANA STATE PRISON
CHEMICAL DEPENDENCY PROGRAM
Deer Lodge, MT 59722 (846-1320)
38. MISSOULA ALCOHOL SERVICES
612 S. Higgins Ave.
Missoula, MT 59801 (728-7712)
- R. City-County Building
Eureka, MT 59901 (296-2822)
43. FLATHEAD VALLEY CHEMICAL
DEPENDENCY SERVICES
944 S. Main
Kalispell, MT 59901 (755-6453)
- TRANSITIONAL LIVING FACILITY
(755-1690)
44. MISSOULA GENERAL HOSPITAL
300 N. Second Street
Missoula, MT 59801 (542-2191)
45. SANDERS COUNTY CHEMICAL
DEPENDENCY PROGRAM
P.O. Box 940
Thompson Falls, MT 59873 (827-4241)
46. REGIONAL CHEMICAL DEPENDENCY PROGRAM
P.O. Box 7158
Missoula, MT 59801 (543-3550)
47. SWAN RIVER YOUTH FORREST CAMP
CHEMICAL DEPENDENCY PROGRAM
P.O. Box 99
Swan Lake, MT 59911 (754-2292)

Satellite Office

- P. Mineral County Alcohol Services
P.O. Box 745
Superior, MT 59872 (822-4961)
39. RAVALLI COUNTY CHEMICAL DEPENDENCY
SERVICES
P.O. Box 902
Hamilton, MT 59840 (363-3060)
40. MISSOULA INDIAN ALCOHOL & DRUG PROGRAM
401 W. Railroad
Missoula, MT 59801 (721-2700)

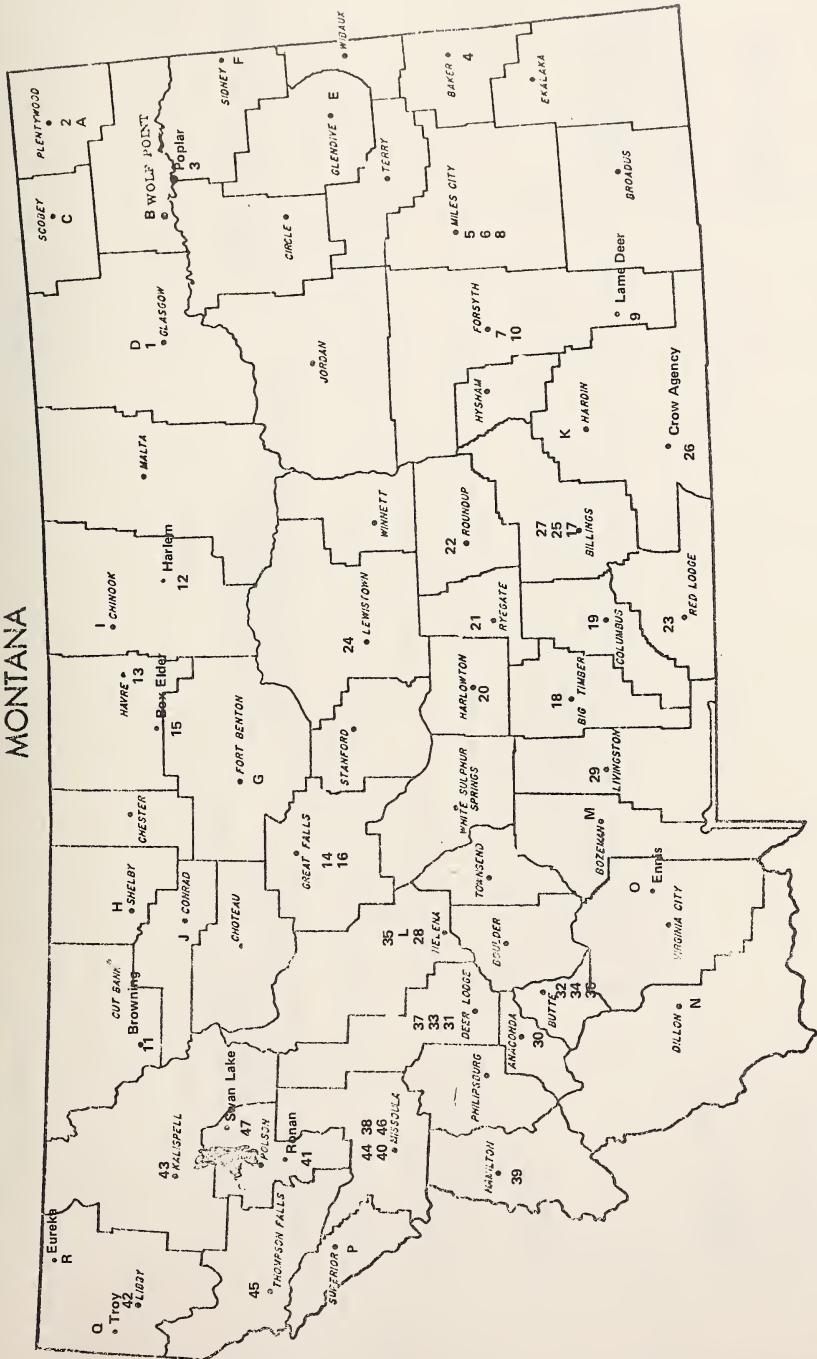
41. FLATHEAD ALCOHOLISM & DRUG ABUSE CTR.
P.O. Box 270
Ronan, MT 59860 (676-0596)

42. ALCOHOL SERVICE CENTER OF LINCOLN COUNTY
P.O. Box 756
Libby, MT 59923 (293-7731)

Satellite Offices

- Q. Methodist Church
Main Street
Troy, MT 59735 (295-4135)

MONTANA



r e a d y	The student will be able to discriminate between responsible and irresponsible decisions related to alcohol.	I will use this activity to help students: <input checked="" type="checkbox"/> develop self-concept <input type="checkbox"/> increase knowledge <input checked="" type="checkbox"/> improve decision-making ability <input type="checkbox"/> improve communication <input checked="" type="checkbox"/> clarify attitudes and values <input type="checkbox"/> learn or improve health skills	<u>develop social responsibility</u> <u>other (please designate)</u>
s e t o	RESOURCES	ACTIVITY	EVALUATION
g o	Copy of: Worksheets: "The Christening", "Friday Night with the Smiths" 3. (See following pages.)	1. Make copies of the worksheets for the class. 2. Distribute copies of one or both situations and have students respond individually. 3. Permit students to form small groups to share their feelings and the reasons for their choices. 4. Regroup as a class and discuss the differences of opinions among students about what they think is a responsible decision, an irresponsible decision. Discussion could include consideration of ways people's attitudes and values are formed and how they affect decisions.	<u>COMMENTS OR</u> <u>SUGGESTED CHANGES</u>
	Read The Yellow Pages: Decision-Making pp. 10-16 Effects, p. 28	Teacher evaluation of activity. Please circle: <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> Ugh! Wow!	

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS

32

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
--------------------	-------	----------------

LANGUAGE ARTS	PHYSICS	MATH
Have students write a brief description and definition of responsibility.		

BIOLOGY	HOME ECONOMICS	CHEMISTRY
Effects of alcohol.	Family Relations - Family Communication	

PSYCHOLOGY	DRAMA	OTHER ART
		Create a mobile illustrating responsible and irresponsible decisions about drinking.



Instructions:

Read the following situations. Check in the appropriate space whether you think the decision about alcohol described in the situation is responsible or irresponsible. Explain why you answered as you did.

THE CHRISTENING

1. The Scotts have a new baby in their home. The proud parents have invited a few friends to attend a christening party. The baby's grandfather proposes a toast to the happy parents with a glass of champagne.

Responsible

Irresponsible

Why?

2. The baby's twelve-year-old sister, Julie, is poured a glass of champagne, and she drinks the toast proposed by her grandfather.

Responsible

Irresponsible

Why?

3. For the party there are two kinds of punch--one with liquor and one without--but they both look the same.

Responsible

Irresponsible

Why?

4. Aunt Hazel does not drink alcoholic beverages. Julie, as a joke, serves her a glass of the punch that contains alcohol, and Aunt Hazel drinks it.

Responsible

Irresponsible

Why?

5. Miss Nightingale has been invited to sing at the christening ceremony. She is getting "high" on the punch containing alcohol.

Responsible

Irresponsible

Why?

6. Uncle Jim, the baby's godfather, has had seven cups of the punch containing alcohol. He is getting loud with his funny jokes and is spilling cake crumbs on the carpet. He asks Julie to get him another cup of punch.

Responsible

Irresponsible

7. Professor Wilson, a teacher, does not appear at all intoxicated, but Julie knows he has had many cups of the punch containing alcohol and that he has to drive several miles back to the university. He asks Julie to get him another cup.

Responsible

Irresponsible

Why?





Read the following situations. Check the appropriate space whether you think the decision about alcohol described in the situation is responsible or irresponsible. Explain why you answered as you did.

FRIDAY NIGHT WITH THE SMITHS

- It is Friday evening and Mr. Smith, Jim's father, has just completed a hectic week at work. Mr. Smith goes to the refrigerator, takes out a can of beer, opens it, and takes a drink.

Responsible

Irresponsible

Why?

- Mrs. Smith, Jim's mother, is busy preparing dinner. As she finishes setting the table, she pours each member of the family a glass of red wine.

Responsible

Irresponsible

Why?

- Jim, who is ten years old, enters the living room and asks his father for a sip of beer. His father hands him the can and Jim takes a drink.

Responsible

Irresponsible

Why?

4. The family is called to dinner. Jim, his father, his mother and his twelve-year-old sister, Mary, sit down to eat. During the meal both Jim and Mary drink two glasses of wine.

Responsible

Irresponsible

Why?

5. After dinner, Mr. and Mrs. Smith retire to the living room where each has an after-dinner cocktail.

Responsible

Irresponsible

Why?

6. Mr. Smith continues to drink cocktails. He becomes loud and begins to shout at Mrs. Smith. After several more cocktails, he staggers into the bedroom and falls asleep on the bed with all of his clothes on.

Responsible

Irresponsible

Why?

The student will be able to identify a variety of ways to feel good.

r
e
a
d
y
g
o

I will use this activity to help students:
 X develop self-concept
 _____ improve decision-making ability
 X clarify attitudes and values

increase knowledge
 _____ improve communications
 _____ learn or improve health skills
 _____ other (please designate)

develop social responsibility

RESOURCES

EVALUATION

ACTIVITY

1. Students make a list of activities they enjoy, that make them happy, that make them feel good.
2. Teacher should emphasize that students should also include on their lists those activities that they do when they are depressed or discouraged to make themselves feel good.
3. Students break into small groups to share some of their activities. Choose one person as recorder and make a complete list.
4. After the groups have completed their lists, share with the class. Discuss the idea of alternatives - there are many ways to enjoy life. Emphasize that many of the activities people enjoy doing are also alternative ways to deal with depression, boredom, etc. (The teacher should make enough copies of these lists so that each student may have one.)
5. Have students try a few of the activities that can be done in class and discuss their feelings.

COMMENTS OR
SUGGESTED CHANGES

Teacher evaluation
of activity,
please circle:
 1 2 3 4 5
Very!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 38

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
	Play a variety of styles of music (classical, pop, hard rock, children's songs, etc.). Have students identify how each style of music makes them feel. Discuss music as an alternative way to modify moods.	
LANGUAGE ARTS	PHYSICS	MATH
	As a creative writing project, students describe what they envision as the perfect day - what they would do, where they would go. Share with class and discuss how it is possible to do those things right now.	
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAAMA	OTHER ART
	Acting out ways people use to feel good.	Draw pictures of things that make them feel good.

The student will identify the relationship between self esteem and behavior, between self esteem and the use of alcohol.

		RESOURCES	ACTIVITY	EVALUATION
s e t g o a	y	I will use this activity to help students: <input checked="" type="checkbox"/> develop self concept <input type="checkbox"/> improve decision-making ability <input type="checkbox"/> clarify attitudes and values	<p>increase knowledge <input type="checkbox"/> improve communication skills <input type="checkbox"/> learn or improve health skills</p> <p>1. Have a large sheet of butcher paper approximately 2' x 3' for each person in the class including the teacher. Each person writes his/her name at the top of the butcher paper with a felt pen, then tapes the sheet to the wall or blackboards around the room.</p> <p>2. Everyone lists the name of each person in the class, including the teacher, on a piece of notebook paper. Then they write a positive comment about each person on the list. (Explain that you don't have to be friends with someone or like them to say something positive about them.)</p> <p>3. When everyone has written a comment after each name on his/her list, the students should go around the room and record their comments about each person on that person's sheet of butcher paper.</p> <p>4. At the conclusion of the activity give students time to read the statements others made about them:</p> <p>5. Give students an opportunity to share how this activity made them feel about themselves and how these feelings might affect their behavior regarding alcohol.</p> <p>6. Let the students take their sheets home.</p>	<p>develop social responsibility <input type="checkbox"/> other (please designate)</p> <p>Teacher evaluation of activity: Please circle:</p> <p>1 2 3 4 5 <u>4</u> <u>5</u> <u>4</u> <u>5</u> <u>5</u></p>
s e t g o a	y			

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 40

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
Discuss how sports can influence one's self-concept. Have students identify a particular event that had an impact on their self-concept.		
LANGUAGE ARTS	PHYSICS	MATH
BIOLOGY	HOME ECONOMICS	CHEMISTRY
	Help students to look at their roles within the family, e.g., brother, friend, helper, counselor, etc., and have them identify activities they do well within those roles.	
PSYCHOLOGY	DRAMA	OTHER ART
		Have students do a project--collage, mobile, sculpture, poster--illustrating their strengths.

TABLE OF CONTENTS

SENIOR HIGH

	To The Teacher	i
Part I	How to use These Lesson Plans	ii
	Goals and Objectives	iii
Part II	<u>Learning Activities</u>	
	INDIVIDUAL ACTIVITIES	1
	DECISION-MAKING - Feeling Wheel	3
	ALCOHOL INFORMATION - Alcohol Abuse	6
	ALCOHOL INFORMATION - Alcohol and Traffic Safety Quiz	8
	ALCOHOL INFORMATION - CAC Speaker	16
	DECISION-MAKING - Photoboards, Responsible/ Irresponsible	19
	DECISION-MAKING - Responsible/Irresponsible Situations	23
	DECISION-MAKING - Role Playing	31
	COPING - "All Bottled Up"	36
	COPING - Friends	39
	DECISION-MAKING - Simulation Game	41
	SELF-IMAGE - Listening to Myself	46
	SELF-IMAGE - "Guidance for the 70's: Self-Esteem"	49
Part III	The Yellow Pages--resource supplement (See the Table of Contents in The Yellow Pages for more details.)	



TO THE TEACHER

This entire program is built on the premise that you, the teacher, will facilitate its implementation as an adult who can comfortably deal with the issues presented. This presumes that the discussion of alcohol, with all of its positive and negative ramifications, is not a highly sensitive issue for you at this time.

Because of the realities of ethnic background, religious affiliation, and the personal value system that all adults integrate into themselves and out of which personal responses flow, it is vital for you, the teacher and adult model to your students, to deal honestly and adequately with your own attitudes and values regarding the topic of alcohol before relating to the students.

Below are some value-clarifying points to consider and evaluate before delving into the lesson plans which follow. The age-old axiom that a teacher teaches himself/herself makes it imperative that you are aware of your own strengths and weaknesses regarding this area of concern to all of society.

SELF EVALUATION

1. What connotations does the word "alcohol" have for you?
 - a. What emotions are called forth in you?
 - b. What mental images, if any, are called up in you?
2. Using your responses to number 1 search back into your own history and clarify the sources of your feelings and images:
 - a. observations of family members
 - b. religious training
 - c. observation of a friend
 - d. an experience you had yourself
 - e. media presentations
 - f. school instruction
 - g. a present situation you are involved in
 - h. any other sources
3. Label each item in number 2 in one of the following ways to clarify what it taught you about alcohol:
 - a. to use alcohol moderately
 - b. to abuse alcohol
 - c. both a and b
 - d. neither a or b (alcohol not involved in any way)
4. If you have had some negative experiences with alcohol in your past, do you identify yourself as "healed" of the negative effects or do you recognize "unhealed" areas? (healed meaning the following: the pain of the experience has resolved itself in you and any scars are understood and recognized for what they are; and that the scars do not prevent you from seeing both sides of the issue regarding alcohol: moderate use and abuse.)
5. Does social pressure dictate your use of alcohol, or have you made a personal decision regarding its use that you attempt to live by no matter what the circumstances might be?
6. Would you identify yourself as "in control" of your own attitudes regarding alcohol so that you could reason coolly and logically with someone with opposing views? ...as opposed to it being an automatic emotional issue for you?
7. Review your definition of yourself as a teacher. Are you comfortable with all the challenges of this definition with regard to alcohol education and its demands on you?



HOW TO USE THESE LESSON PLANS

These lesson plans are designed to assist you in making alcohol education relevant and interesting to your students. It is assumed that all previous material to your grade level has been covered by earlier instructors. If your students have not had the lead-up information, please choose carefully from the preceding grades, what information you feel they need before going into their own grade level. In addition, you should make every effort at all grade levels to incorporate parents into the whole goal structure, particularly when the students are dealing with attitudes about the use of alcohol. Realizing that the child's primary values come from parents, you should present the goals and objectives of alcohol education to the parents before using these plans with the children.

It is strongly recommended that all those dealing with the individual students be sensitive to the child's response to this program. Be prepared to implement an alternative program if the child's home experiences make the issue of alcohol too sensitive for him/her to handle it as a classroom presentation. This alternative might include special counselling in addition to the classroom presentation or possibly removal from the class during discussion of the topic "alcohol".

This plan book is divided into two major sections: Learning Activities (white pages), and Resource Supplement (yellow pages). The Learning Activities section contains lesson plans for classroom instruction, designed to involve students in expressing their feelings, making decisions, and understanding their values and behaviors related to alcohol, as well as gaining basic information about alcohol.

Please feel free to use the activities in whatever order you choose, and add your own ideas and materials.

Another feature of the plan book is the integration grid found on the back of each activity sheet. There you will find ideas on how the objective stated on the front of the sheet (box marked "Ready") can be accomplished through other subject areas. Share the ideas with fellow teachers and if you have an idea for integration into another subject area, please write it in the appropriate space on the grid.

The Yellow Pages (Part III) is a resource supplement containing the basic factual content upon which the learning activities are based. Where appropriate, each lesson plan has been cross-referenced with the corresponding section and page number in The Yellow Pages so that if you want additional information before teaching the lesson, you can "find it fast in The Yellow Pages."

SELF EVALUATION

Good teaching includes continual evaluation of your presentation and how this was received by the students. As you become aware of the dynamics of your class, continually adjust the material to keep it relevant to your group.



GOALS AND OBJECTIVES

SENIOR HIGH

Overall Goal: The overall goal is to help young people make responsible decisions about alcohol.

Specific Goals and Objectives: The specific goals and objectives at the Senior High level are:

DECISION-MAKING

The student will identify the outside factors and personal behavior patterns influencing the decisions made regarding alcohol.

- A. The student will identify the decision regarding drinking or not drinking as an individual choice. (p. 31)
- B. The student will identify his/her feelings and values about the use of alcohol and how they affect his/her decisions. (p. 3, 41)
- C. The student will be able to discriminate between responsible and irresponsible decisions related to alcohol. (p. 19, 23)

COPING

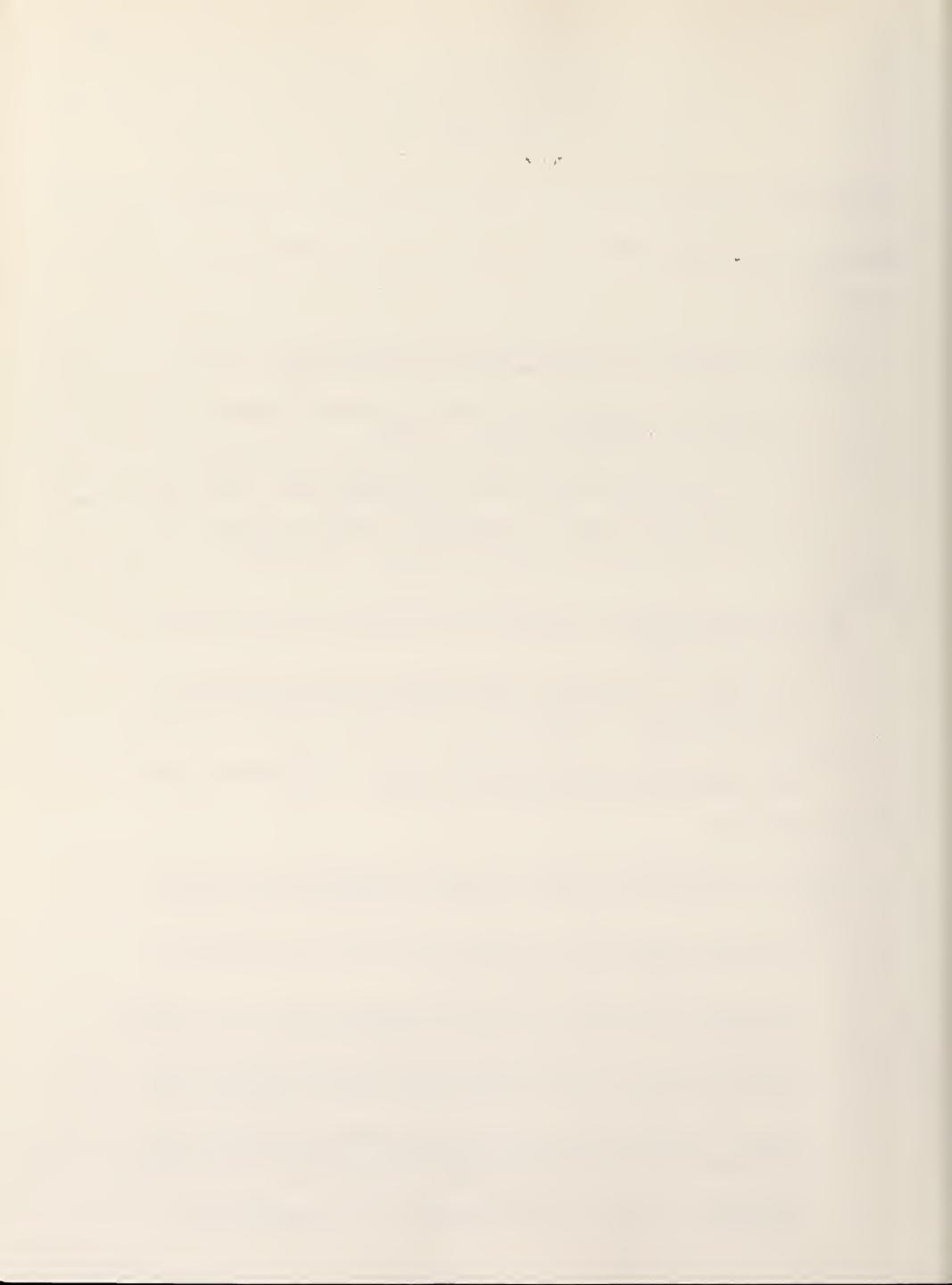
The student will know and be able to use a variety of coping skills for dealing with problems.

- A. The student will know that coping behavior is part of everyone's life and people use various methods for coping with their problems, including alcohol. (p. 36)
- B. The student will be able to identify criteria for selecting valid and responsible sources of help. (p. 39)

ALCOHOL INFORMATION

The student will know facts about alcohol, its use and abuse, and its effect on the human body in order to make responsible decisions about alcohol.

- A. The student will be able to identify the physical and behavioral effects of alcohol on the body. (p. 6)
- B. The student will be able to identify the implications of the effects of alcohol on personal safety and the safety of others. (p. 6, 8)
- C. The student will identify symptoms, effects, and treatment of the illness, alcoholism, and its consequences for the individual. (p. 16)
- D. The student will be able to identify the resources available in his/her community to help people who have drinking problems and/or are coping with the drinking problems of someone else. (p. 16, 36)
- E. The student will know that the community has a responsibility to alcoholics. (p. 41)



SELF-IMAGE

The student will understand the relationship of self-image to the decisions that he/she makes.

- A. The student will know the major factors which influence self-image, including messages from other people and one's own strengths and weaknesses. (p. 48)
- B. The student will identify the relationship between self esteem and behavior, between self esteem and the use of alcohol. (p. 48)
- C. The student will identify a variety of ways to feel good. (p. 45)



INDIVIDUAL ACTIVITIES

Following is a list of possible individual or group projects that could be used to supplement the learning activities found in this kit.

PROJECTS

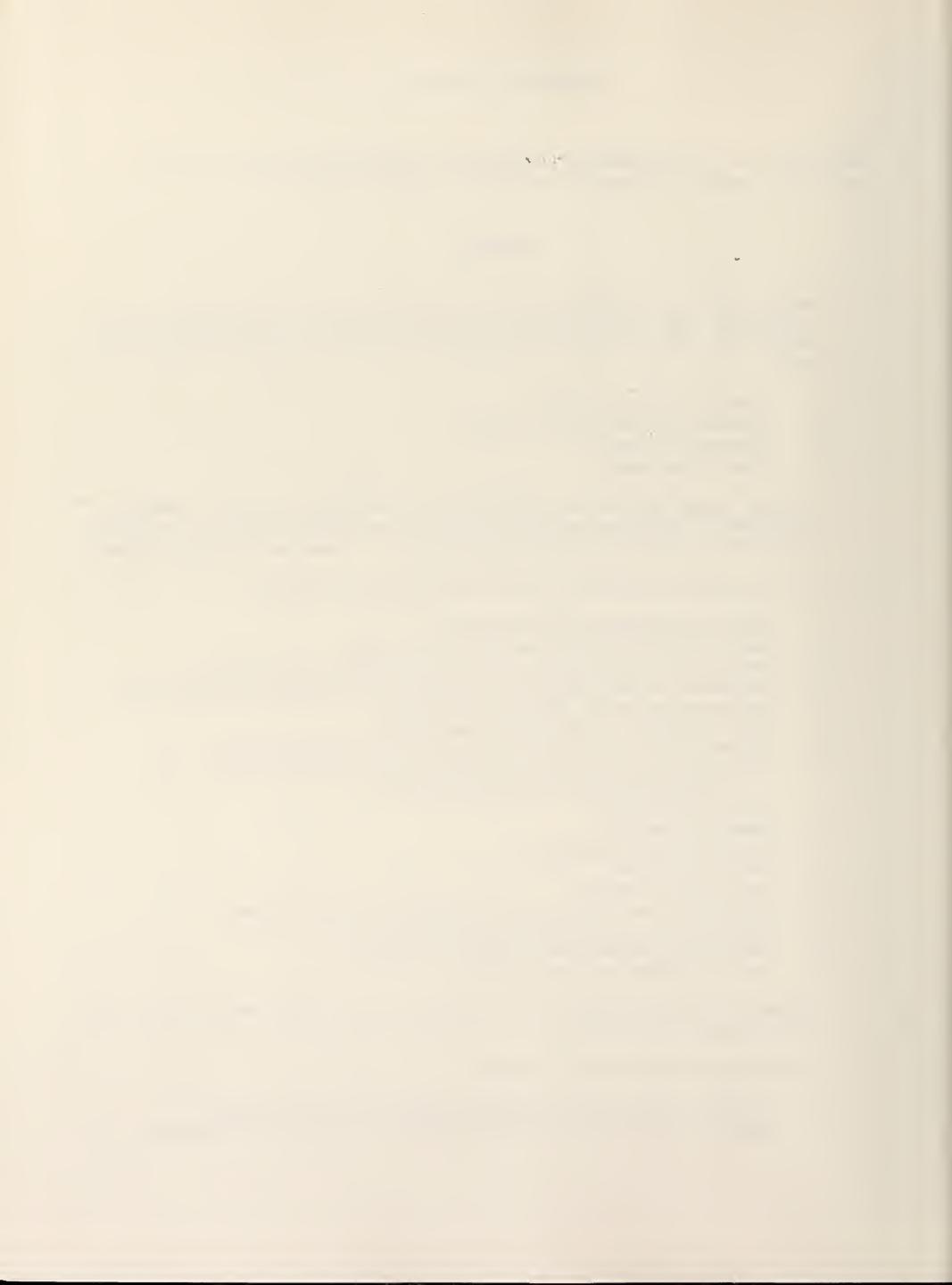
1. Small groups of students can visit a variety of agencies and share information they learn with the class in the form of oral reports, taped interviews, slides, and written reports. Among the agencies they can visit are
 - a. Community Alcohol Centers
 - b. Community Mental Health Centers
 - c. Treatment Programs
 - d. Open AA meetings

See The Yellow Pages under "Resources" for addresses and phone numbers. Appointments should be made first with all of these facilities. Students should check with the facility about the use of cameras or tape recorders.

2. Have students do research on one of the following topics:
 - a. Types of treatment for alcoholics
 - b. The effects of alcohol on fetal development
 - c. The agencies available to help the families of alcoholics
 - d. Arguments for and against the lowering of the legal drinking age
 - e. The theories on the causes of alcoholism
 - f. Jobs available in the alcoholism field
 - g. History of U. S. attitudes toward alcohol use and abuse
 - h. The problem of alcoholism among a specific ethnic group; e.g., American Indians, Irish Catholics
 - i. Teenage Alcoholism
 - j. Female Alcoholics
 - k. Alcoholism and pregnancy
 - l. The Drunk Driver
 - m. The Alcohol Industry
 - n. Prohibition as a means of controlling alcohol problems
 - o. Implications of the Uniform Alcohol Act
 - p. Industrial programs for alcoholic employees
 - q. Use of alcohol in other cultures

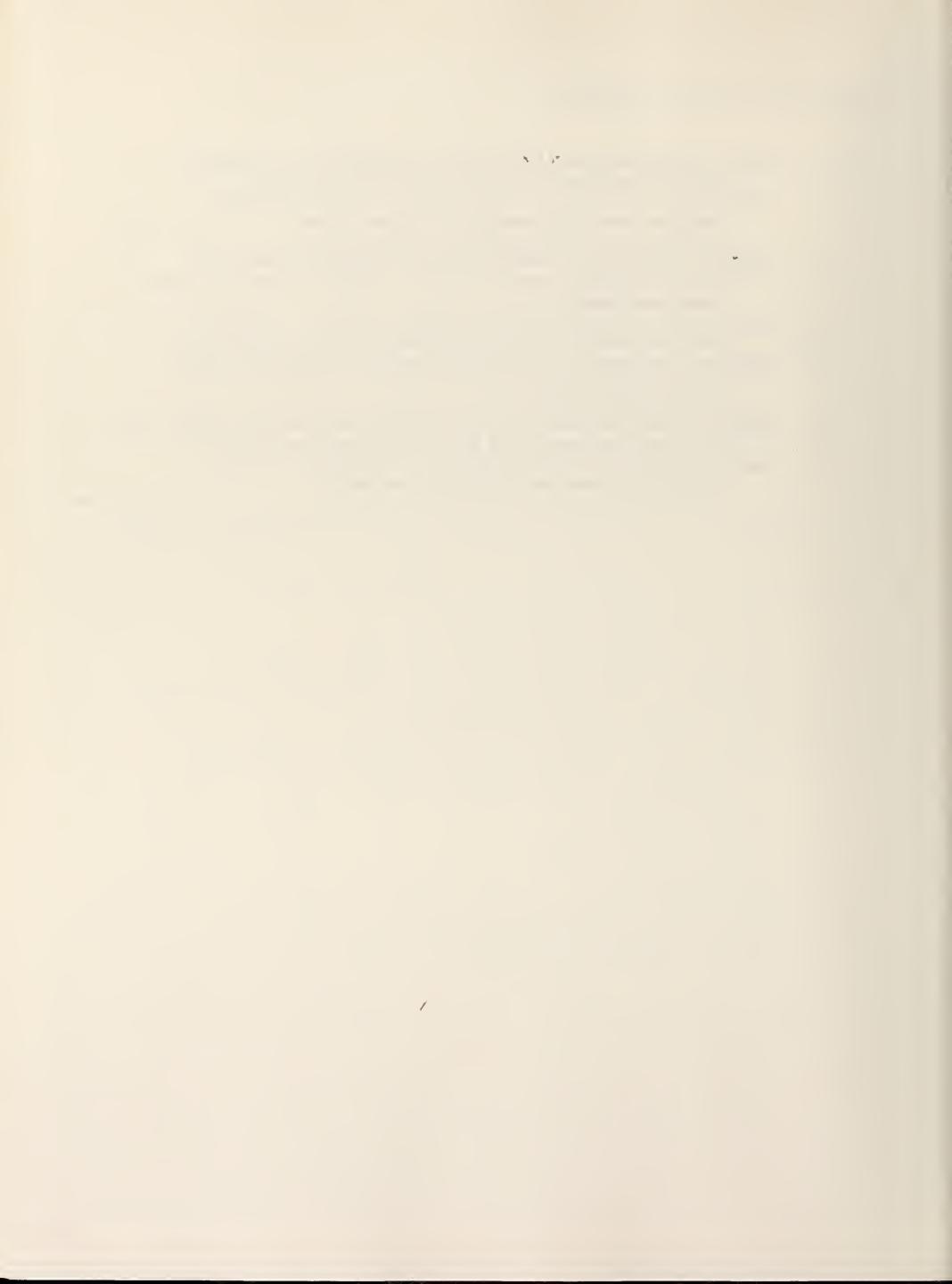
Students can give written or oral reports or use slides and an audio tape to illustrate their points.

3. Other options for projects include
 - a. Collect and analyze newspaper articles related to alcohol
 - b. Identify music that deals with alcohol and analyze the messages



Individual Activities (Continued)

- c. Watch TV and keep data on the use of drinking in TV programs.
Analyze and share the conclusions with the class.
- d. Volunteer to work with a local program serving alcoholics.
They may need help answering phones, preparing mailings, etc.
Report on your observations and feelings.
- e. Conduct a survey with adults on their drinking behavior or
their attitudes toward drinking. Tabulate the results and
draw conclusions.
- f. Find or create a short play on alcohol problems. Choose a
cast and present it to the class.
- g. Develop a display for the student lounge on sources of help
for people who have alcohol problems themselves or have
them in the family.
- h. Develop games, crossword puzzles, hidden word puzzles, mazes, etc.
as a means of conveying alcohol information to others.
- i. Collect alcohol ads from magazines, newspapers, etc. and
analyze the message and techniques used.



TOPIC: DECISION-MAKING - Feeling Wheel

GRADE: Senior High School

r The student will be able to identify his/her feelings and values about the use of alcohol and how they affect his/her decisions.

d
y

s I will use this activity to help students:

e develop self-concept

t improve decision-making ability

a clarify attitudes and values

g increase knowledge

o improve communication

n learn or improve health skills

REOURCES

ACTIVITY

Teacher or students
create:
Feeling Wheels

Markers

g
o

EVALUATION

s develop social responsibility:
e other [please describe]

t identify feelings

a develop social responsibility:
g other [please describe]

o identify feelings

- Divide students into five groups.
- Have group circle around a "Feeling Wheel".
- Give each student a marker.
- Select statements from the list provided (see following page) or create your own.

- Explain that each time you read a statement they are to place their marker on the wheel according to how they feel about the statement.
Note: If students do not wish to express their feelings, they can put their marker in the space marked "sanctuary".
- After marking their feelings, give the groups time to discuss why they marked the way they did.

- At the conclusion of the activity ask each student to share an "I learned . ." statement with the class.

COMMENTS OR
S

Teacher evaluation
of activity:
Please circle:

1 **2** **3** **4** **5**
Avg:

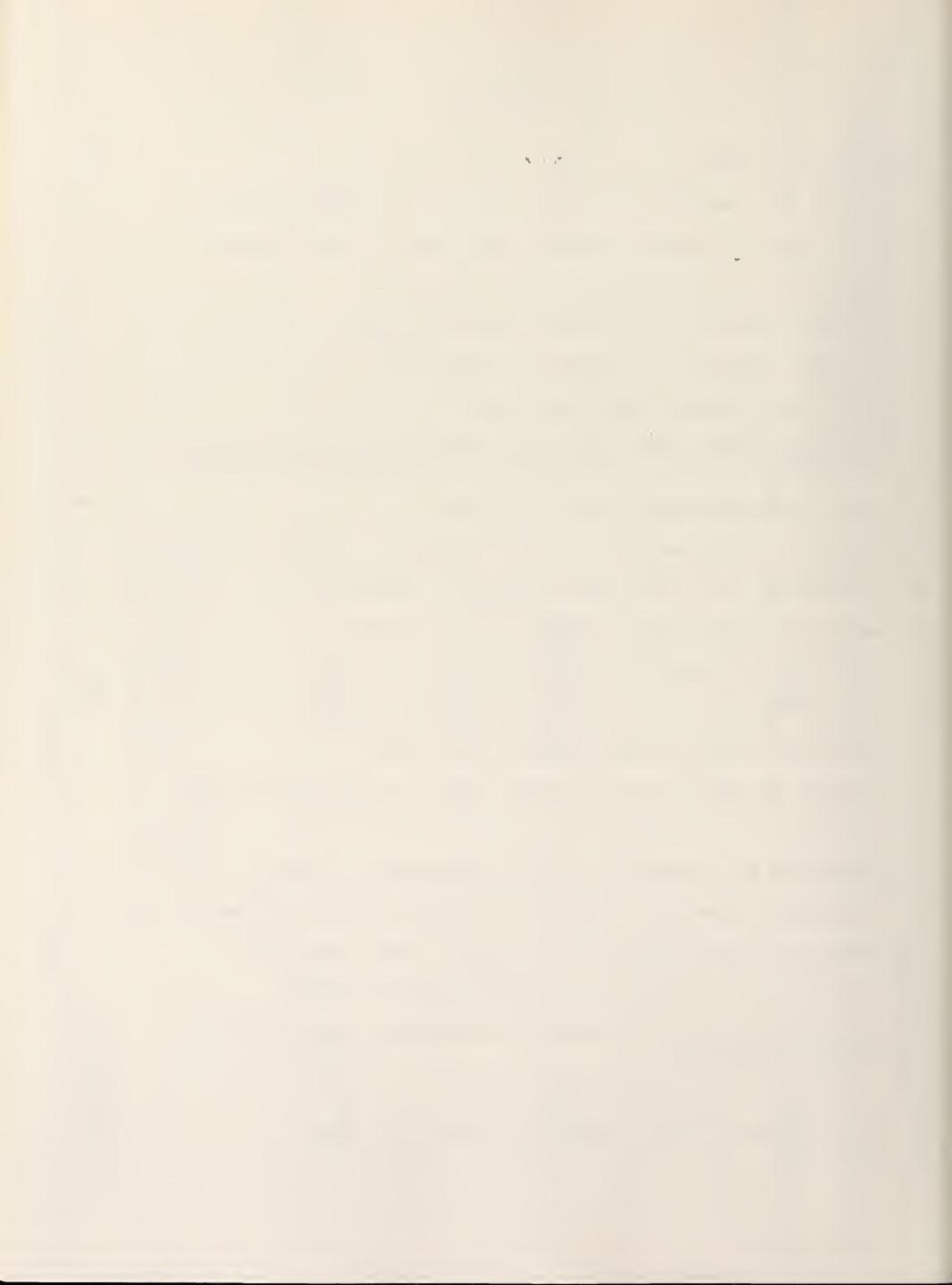
SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 4

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
	What feelings does music create about alcohol? Select some songs dealing with alcohol and attempt to analyze the feeling the song is trying to create.	
LANGUAGE ARTS	PHYSICS	MATH
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAMA	OTHER ENVIRONMENTAL EDUCATION
	Analyze how feelings affect human behavior.	Examine different environments from the standpoint of how these environments affect our feelings e.g., urban, rural, small group, large group, etc.

SITUATIONS

HOW DO YOU FEEL ABOUT:

1. Your minister who has been arrested several times for drunk driving?
2. Your sister's or brother's sneaking liquor from the liquor cabinet?
3. Asking someone to buy beer for you for a party?
4. Drinking champagne at your sister's wedding reception?
5. Teenagers attending an unchaperoned teenage kegger?
6. Your parents' having a drink before dinner?
7. Seeing your teacher and his/her family drinking beer and eating pizza at Shakey's?
8. A star school athlete who drinks frequently?
9. Your date who does not drink alcoholic beverages at a party?
10. An alcoholic who has not touched a drink for three months?
11. One of your parent's being arrested for drunk driving?
12. A wino on First Avenue who asks you for money?
13. A parent who allows his/her teenagers to drink at home?
14. Your brother who brags about how much he can drink?
25. A parent who beats up his/her children when he/she has been drinking?
16. A babysitter who raids the liquor cabinet while on the job?
17. Your father who becomes the life of the party when he is drunk?
18. A woman who becomes loud, obnoxious and insulting when she has been drinking?
19. Someone who thinks drinking is the only way to have a good time?
20. A drunken driver who kills your best friend in an accident?
21. A girlfriend/boyfriend who refuses to go home from a party with you because you're drunk?
22. A classmate drinking beer on school grounds?
23. A friend with a drinking problem who refuses to get help?



<p>The student will be able to identify the physical and behavioral effects of alcohol on the body. He/she will be able to identify the implications of the effects of alcohol on personal safety and the safety of others.</p> <p style="text-align: center;">r e a d y</p>	<p>I will use this activity to help students:</p> <p><u>develop self-concept</u> <input checked="" type="checkbox"/> increase knowledge <u>other (please designate)</u></p> <p><u>improve decision-making ability</u> <input type="checkbox"/> improve communications <u>learn or improve health skills</u></p>	<p>EVALUATION</p>	<p>Teacher: order <u>alcohol booklets from Scriptographic Booklet</u>. Channing L. Beebe, Co., Greenfield, Mass., USA 1978 Ed.</p> <p>Read <u>The Yellow Pages: Effects, pp. 28-43</u></p> <p>1. Distribute booklets to each student.</p> <p>2. Ask students to read the pamphlet and be prepared to respond to the following questions:</p> <p>a. What is the most profound fact you learned?</p> <p>b. What statement or statements do you question?</p> <p>c. What new information did you learn?</p> <p>3. Once the students have completed the reading, divide them into small groups and have them share their answers to the above questions.</p> <p>4. Make a composite list of statements which the students question. Determine how additional information on those statements could be found. Have volunteers do the research or assign individuals or groups to do the research and share their findings with the class.</p>
		<p>COMMENTS OR SUGGESTED CHANGES</p> <p>Teacher evaluation of activity: Please circle:</p>	<p><u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>7</u> <u>8</u> <u>9</u> <u>W</u>!</p>

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 7

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
		Discuss the impact of the alcohol industry on the economy of our country, our state.
		Discuss the reasons for the low incidence of alcoholism among people of the Jewish faith.
LANGUAGE ARTS	PHYSICS	MATH
		Analyze the similarities between alcohol and ether.
BIOLOGY	HOME ECONOMICS	CHEMISTRY
Experiment with small animals and alcohol to establish low dosage changes in their behavior.	Discuss the use of wine with meals. Try to identify the reasons why people use wine before meals.	Review the interaction of alcohol with other common drugs that people use.
PSYCHOLOGY	Drama	OTHER _____
		Research the theories on the courses of alcohol abuse among U.S. teens and discuss conflicting theories.

r e a d y	The student will be able to identify the implications of the effects of alcohol on personal safety and the safety of others.	
	I will use this activity to help students: <input checked="" type="checkbox"/> develop self-concept <input checked="" type="checkbox"/> improve decision-making ability <input checked="" type="checkbox"/> clarify attitudes and values	<input checked="" type="checkbox"/> increase knowledge <input type="checkbox"/> improve communications <input type="checkbox"/> lecture or improve health skills
g o	RESOURCES	ACTIVITY
g	Copy of: Alcohol and Traffic Safety Quiz (see following page) Scenarios (see following page)	<p>1. Make copies of the Alcohol and Traffic Safety quiz (see following page) and the scenarios for your class.</p> <p>2. Distribute the quiz to students and ask them to answer the questions to the best of their ability. This is not a graded test. After students have completed the quiz, discuss the answers to the questions with them (see following page). Discuss any questions they may have about the information in the quiz.</p> <p>3. Distribute copies of the scenarios to each student. Students should select two situations and write briefly (1/2 to 1 page) what they could do, what they would do, and why.</p> <p>4. Have students share with the class what they could do, how and why, what they would do, how, why, and how they could resolve any conflict between what they could and what they would do.</p>
	EVALUATION	<p>COMMENTS OR SUGGESTED CHANGES</p> <p>Teacher evaluation: of activity. Please circle: 1 2 3 4 5 Avg.: <u> </u>/50%</p>

Read The Yellow Pages:

Safety, pp. 69-78

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 9

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
		Discuss what society should do about the drinking and driving problem.
LANGUAGE ARTS	PHYSICS	MATH
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAMA	OTHER DRIVER EDUCATION
		Go over statistics for alcohol-related traffic accidents in Montana.



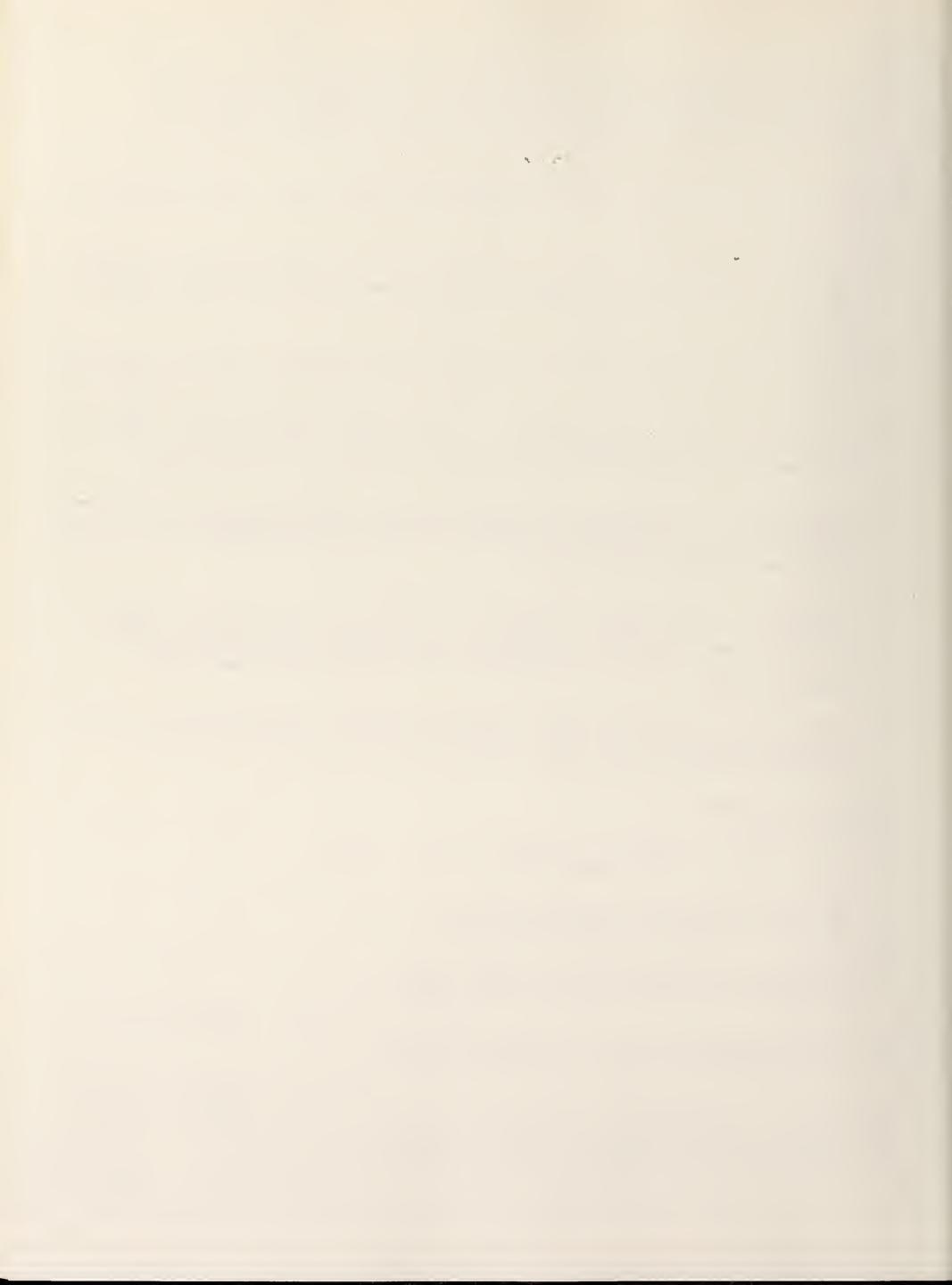
ALCOHOL AND TRAFFIC SAFETY QUIZ

1. In the state of Montana the blood alcohol level at which a driver is considered under the influence is: (a) 0.05 per cent (b) 0.08 per cent (c) 0.10 per cent (d) 0.15 per cent
2. Blood alcohol level can be determined by analyzing the: (a) blood (b) saliva (c) breath (d) urine (e) all of the above
3. In the state of Montana the chemical test for blood alcohol most frequently used is: (a) blood (b) saliva (c) breath (d) urine (e) blood pressure
4. Which of the following least affects blood alcohol level: (a) stomach content (b) weight (c) drinking experience (d) time elapsed
5. Studies suggest that driving performance may be impaired when blood alcohol concentrations are as low as: (a) 0.02 per cent (b) 0.04 per cent (c) 0.07 per cent (d) 0.10 per cent
6. Which of the following statements best describes an effect of alcohol on driver performance: (a) blurred vision (b) reduced hearing ability (c) increased attention span (d) reduced ability to react quickly
7. Approximately what percentage of fatal traffic accidents involve the use of alcohol: (a) 10 per cent (b) 25 per cent (c) 50 per cent (d) 75 per cent
8. Every day in the United States approximately how many people are killed in car accidents where alcohol was involved: (a) 25 (b) 50 (c) 75 (d) 200 (e) 250
9. The drinking driver may show which of the following: (a) overconfidence (b) risk taking desires (c) decreased judgment (d) slower reaction time (e) all of the above

10. When a non-drinking driver is compared with a drinking driver who has a .15 per cent blood alcohol level, how much more likely is it that the drinking driver will become involved in a traffic accident: (a) no difference (b) 10 times greater (c) 25 times greater (d) no one knows
11. On the basis of present-day knowledge, the greatest single driver-related cause of fatal highway collisions is: (a) emotional upsets (b) inattention (c) fatigue (d) alcohol
12. Of all alcohol-related fatal car accidents: (a) 2/3 involve problem drinkers (b) most involve social drinkers who had one too many (c) 1/3 involve people who had only a little to drink (d) no one knows what kind of drinkers are involved.
13. Which of the following is most affected by heavy drinking: (a) brake reaction time (b) color perception (c) the reasoning process (d) distance judgment
14. If a driver in the state of Montana is arrested and refuses to take a chemical test, this refusal will result in: (a) fine of \$500 (b) courtroom trial (c) immediate suspension of one's driver's license (d) all of the above
15. The majority of the general public's response to current anti-drinking/driving efforts is: (a) they demand an effective program (b) they exhibit an attitude of tolerance toward drinking drivers (c) they want harsh penalties for guilty offenders (d) all of the above
16. Teenagers are more likely to have difficulty driving safely after drinking because of all the following except: (a) driving is a new and complicated skill for them (b) they have had less experience with alcohol's effects (c) they often weigh less than adults (d) they spend more time driving than adults do
17. Alcohol use is associated with a significant number of which of the following: (a) pedestrian accidents (b) private airplane accidents (c) household accidents (d) all of the above

True-False Questions

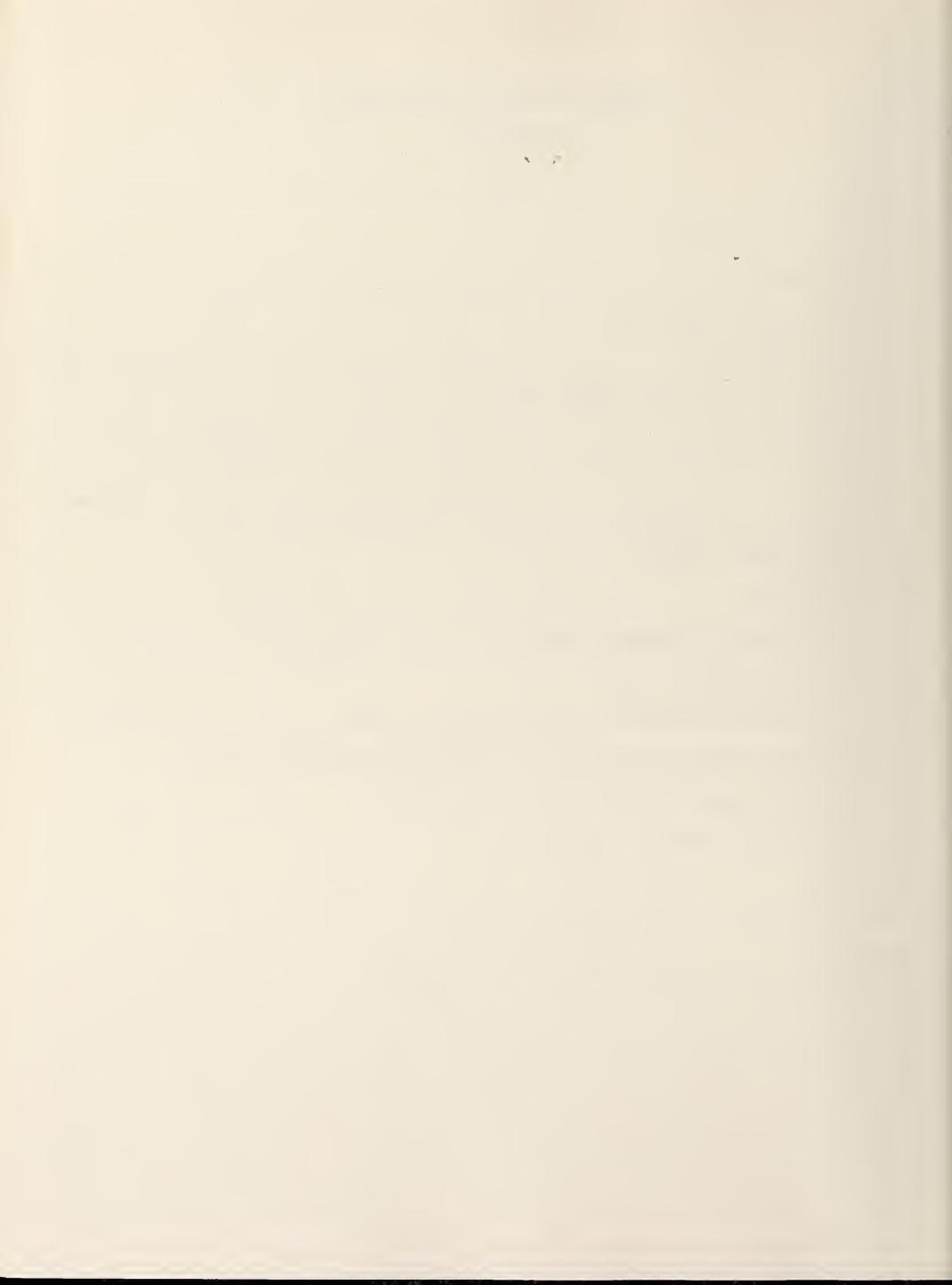
- | | True | False |
|--|------|-------|
| 18. The action of alcohol on the nervous system resembles that of ether or other anesthetics. | — | — |
| 19. By eating some solid food along with your drinking you will not become an intoxicated driver. | — | — |
| 20. Judgment, vision, and reaction time in driver performance are impaired by even small amounts of alcohol. | — | — |
| 21. Alcohol affects the latest learned and the most complicated skills first. | — | — |
| 22. Alcohol is a stimulant. | — | — |
| 23. Being convicted of DWI will cause an increase in your car insurance rates. | — | — |



ALCOHOL AND TRAFFIC SAFETY QUIZ

ANSWER KEY

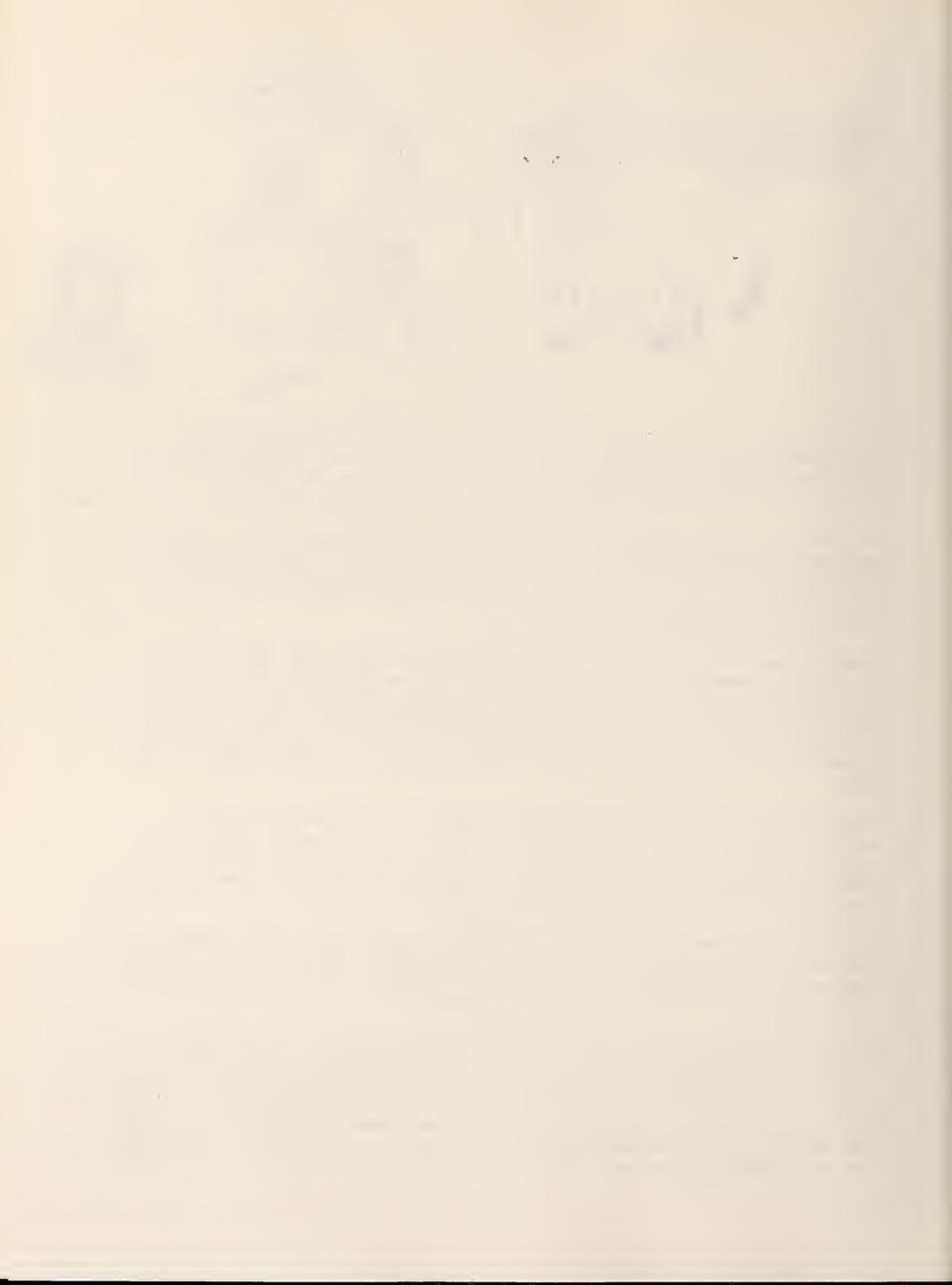
1. (c) .10
2. (e) all of the above
3. (c) breath
4. (c) drinking experience
5. (a) .02 per cent
6. (d) reduced ability to react quickly
7. (c) 50 per cent
8. (c) 75
9. (e) all of the above
10. (c) 25 times greater
11. (d) alcohol
12. (a) 2/3 involve problem drinkers
13. (c) the reasoning process
14. (c) immediate suspension of one's driver's license
15. (b) they exhibit an attitude of tolerance toward drinking drivers
16. (d) they spend more time driving than adults do
17. (d) all of the above
18. True
19. False
20. True
21. True
22. False
23. True





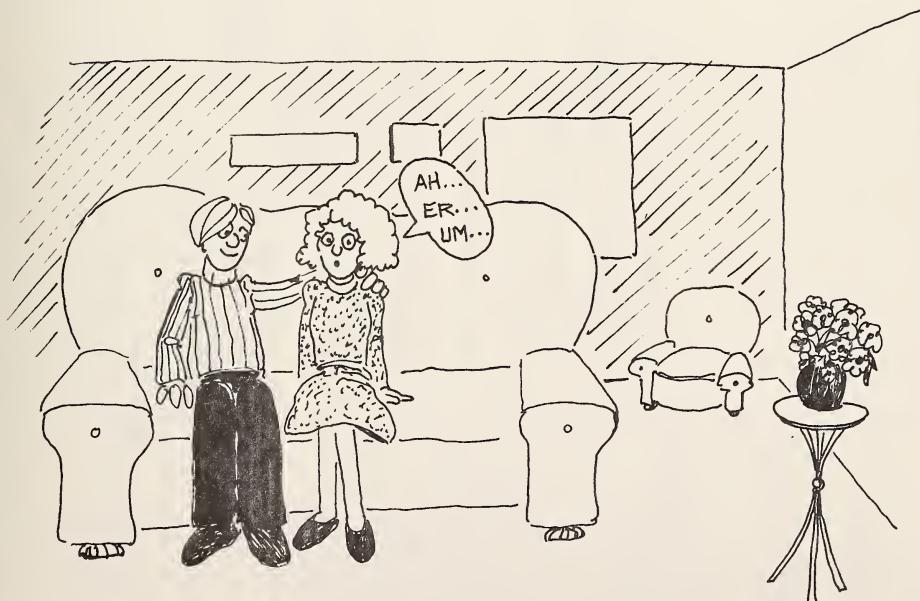
SCENARIOS

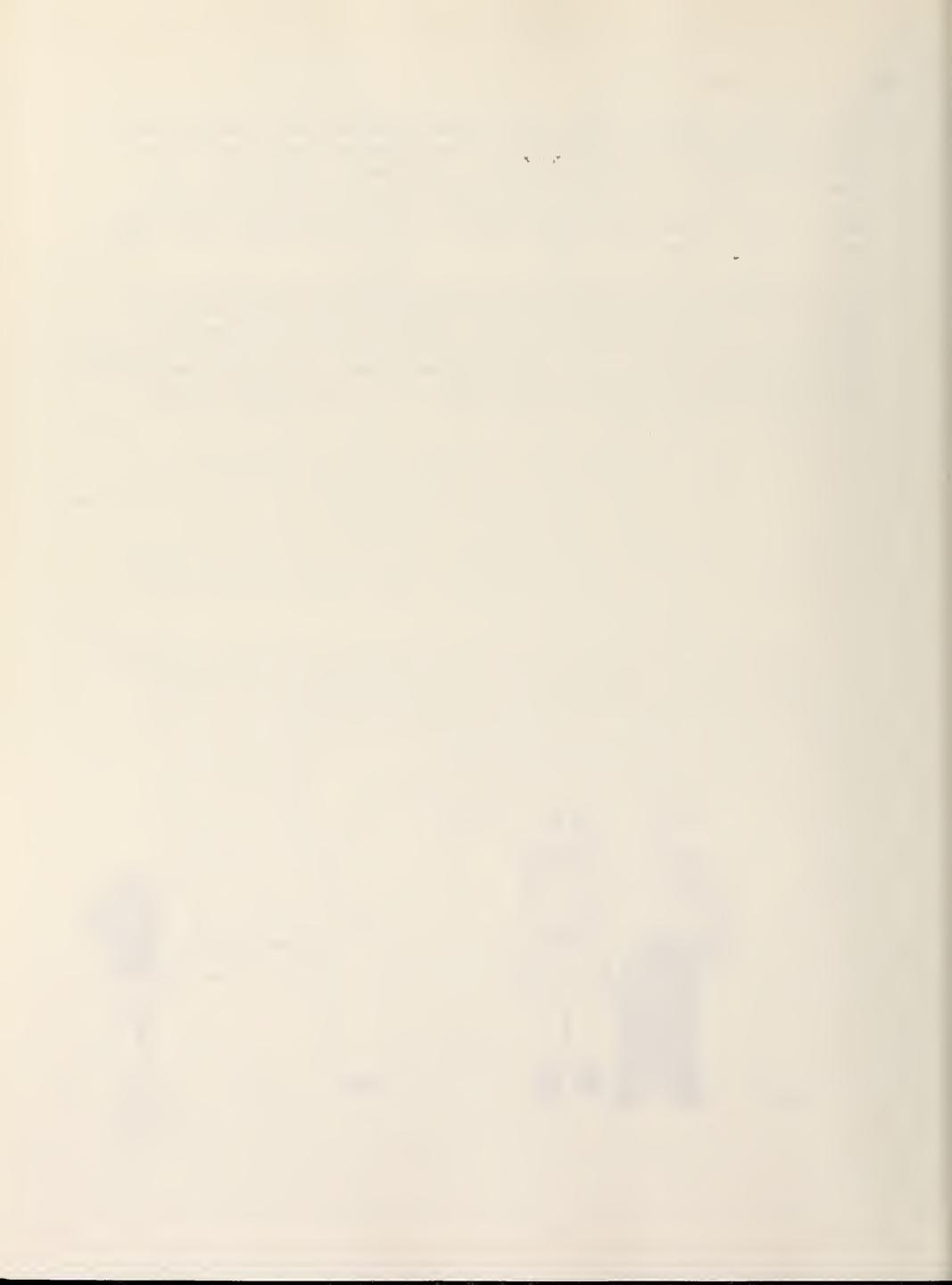
1. Your father has been drinking heavily and is about to drive your mother to do some grocery shopping. It is 9 p.m. and the roads are still icy from the previous day's snowstorm. She has no license and there is no food in the refrigerator. What could you do? What would you do? Why?
2. You are at a party and your best friend has just accepted a ride home from another friend who is drunk. No one else lives near. You have no license and no money, and you know your friend doesn't have much money. He lives 2½ miles away. It is a cold winter night, around 11:30 p.m. What could you do? What would you do? Why?
3. Your 17-year-old sister has a date with her boyfriend. You just let him in the door, and he's obviously drunk since he knocked over a lamp trying to sit down and has talked only nonsense. You go upstairs and tell your sister he's drunk, and she tells you to mind your own business. You know they are going in his car to a party way on the other side of town. Your parents are next door with friends. What could you do? What would you do? Why?
4. You are hitch-hiking to school because you are already late for first period. A nice looking, middle-aged lady in a station wagon offers you a ride, so you get in. You are sitting next to her in the front seat, and you can smell whiskey on her breath. In the back are her two small children and a dog. What could you do? What would you do? Why?
5. You're driving home from a party, giving your best friend a lift home first. You simply don't believe you're drunk even though you had a lot to drink at the party. You feel perfectly capable of driving. You've had one DWI before. What could you do? What would you do? Why?
6. You know you have already had a little too much to drink at the kegger as you drive your friends to the concert. You don't want to stop driving because you desperately want to show off your new Fiat. On the other hand, you don't want to damage it in an accident or lose your license to operate it. If you can find a good excuse, you are willing to pull over, lock the car and hitch, but no one is going to replace you at the wheel of your new car. What could you do? What would you do? Why?



Scenarios (Continued)

7. You have been going out lately with a group of friends and drinking heavily and then driving the 17 miles home from their houses late at night. You have not yet been in an accident, but you have had two close calls. You feel like trying to stop this practice of drinking and then driving, but you don't see how you can ask your friends to drive 17 miles out of their way to take you home. You really want to go with your friends. What could you do? What would you do? Why?
8. Your boyfriend has been frequently going out drinking with his friends and then driving home. He doesn't seem to see anything dangerous about it, and he's a nice guy in every other way. Last night his sister told you he was really drunk when he drove home the night before. His parents are always asleep when he gets in. You want him to stop. You're sitting talking with him and feel it's a good time to bring it up. What could you say? What would you say? Why?





r e a d y

The students will identify the symptoms, effects and treatment of the illness alcoholism, and its consequences for the individual. The student will be able to identify the resources available in his/her community to help people who have drinking problems and/or are coping with the drinking problems of someone else.

s e e t

I will use this activity to help students:

- develop self-concept
- improve decision-making ability
- clarify attitudes and values

RESOURCES

Call your local Community Alcohol Center to request a speaker (See Resources page 96 for telephone number.) Specify topics to be covered (see Activity column)

ACTIVITY

1. Make copies of the Alcohol Use-Self Assessment worksheet (see following page) for your class.
2. Distribute the tests and have students fill them out individually and privately.
3. Have the speaker discuss:
 - a. Teenage Drinking
 - b. Teenage Alcoholism

Copy of:

"Worksheet-
'Alcohol Use-
Self-Assessment'"
(See following
page)

- c. What agencies provide help with drinking problems of youth
4. Allow ample time for questions and answers.

Read The Yellow Pages:

Alcoholism,
p.44
Resources,
p.96

- increase knowledge
 improve communication skills
 learn or improve health skills

EVALUATION

COMMENTS OR SUGGESTED CHANGES

Teacher evaluation
of activity
Please circle:
1 2 3 4 5
Avg: _____

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 17

SOCIAL STUDIES	Survey adults on their attitudes about social and problem drinking. Arrange for several students to visit local treatment agencies and report to the class.			OTHER ART
MUSIC	Study songs dealing with drinking: "Show Me the Way to Go Home," "Cracklin' Rosie," "Bottle of Wine," etc. What do they reveal about people's attitudes?	PHYSICS	MATH	
LANGUAGE ARTS	Advertising - describe techniques used by advertisers to influence attitudes and to sell products.	HOME ECONOMICS	CHEMISTRY	
PHYSICAL EDUCATION		BIOLOGY	Drama	Psychology
				Make a bulletin board display with pamphlets from various agencies explaining their services.



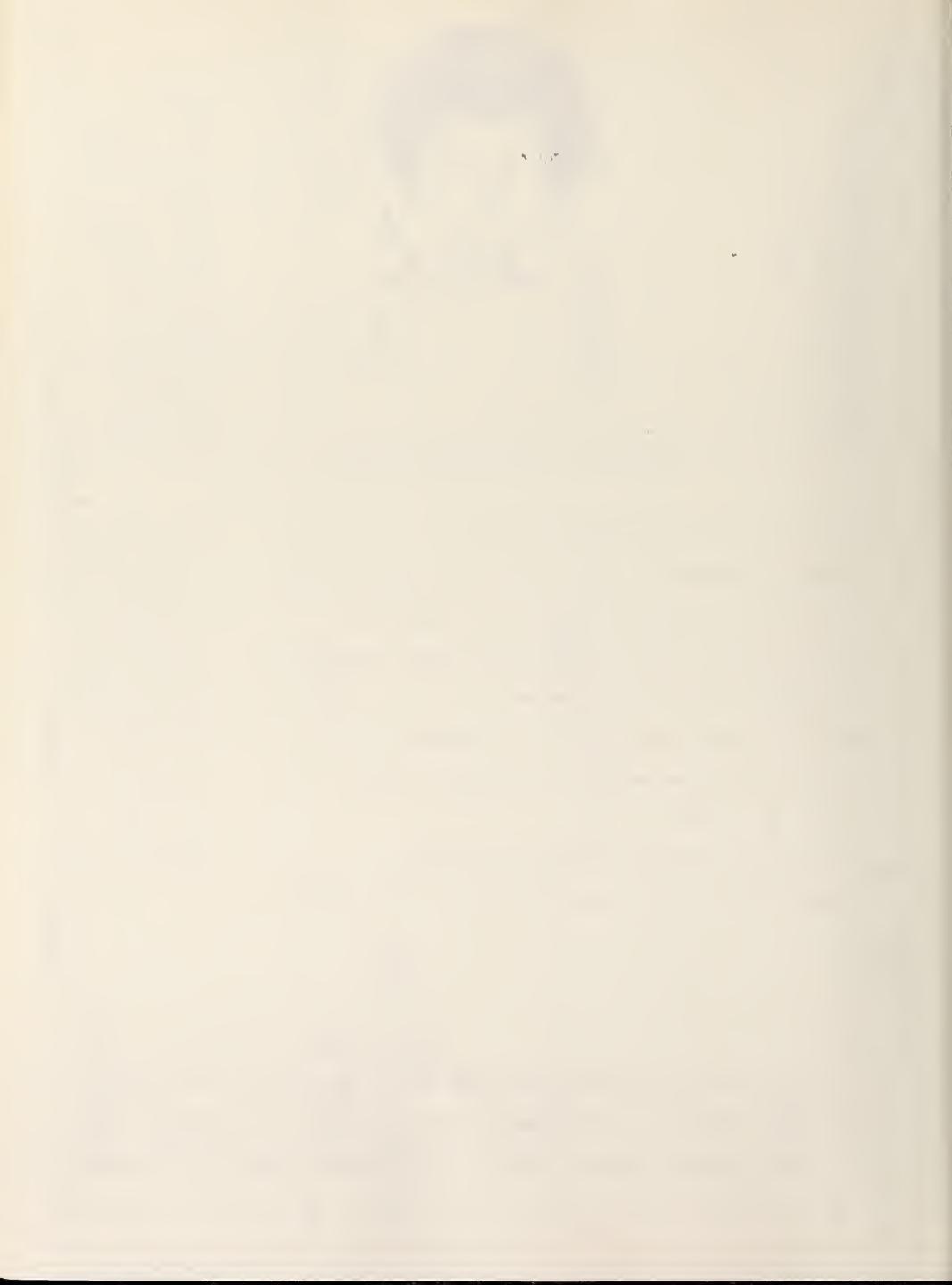
ALCOHOL USE - SELF-ASSESSMENT QUIZ

- | | | |
|--|------|-------|
| 1. I can drink more than most of my friends. | True | False |
| 2. I have been "drunk" at least once a month in the past year. | T | F |
| 3. I can drink 4 or 5 drinks without really feeling it." | T | F |
| 4. I have blackouts (loss of memory about drinking experiences.) | T | F |
| 5. I often drink to forget my problems. | T | F |
| 6. When I get drunk I tend to become a "different person." | T | F |
| 7. I have been arrested for an alcohol-related charge. | T | F |
| 8. I often drink alone. | T | F |
| 9. I have missed some work because of my drinking. | T | F |
| 10. I don't like this quiz because it hits too close to home. | T | F |

NOTE:

so, ask for help - it is available.

LY ask yourself whether or not you might have a problem with alcohol! If
have circled as true (T) any of the ten items, stop for a moment and honest-
There are no right or wrong answers to these questions. However, if you



				COMMENTS OR SUGGESTED CHANGES	
				Teacher evaluation of activity Please circle:	
r	e	I will use this activity to help students: <input checked="" type="checkbox"/> develop self-concept <input checked="" type="checkbox"/> improve decision-making ability <input checked="" type="checkbox"/> clarify attitudes and values	increase knowledge <input type="checkbox"/> improve communications <input type="checkbox"/> learn or improve health skills	X develop social responsibility <input type="checkbox"/> other (please designate)	
e	t	ACTIVITY	RESOURCES	EVALUATION	
g	o	1. Teacher divides class into small groups giving a picture to each group. 2. Each group discusses the questions printed on the back of the photo-boards and shares their answers to the questions with the class (see following page for composite list of the discussion questions). 3. Allow time for students to express their feelings about the other photoboards their group did not discuss.	Teacher or students develop photoboards depicting responsible/irresponsible decisions related to alcohol.		
d	y				1 2 3 4 5 Right! <u>Now!</u>

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 20

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES Discuss how society's concepts of responsibility change and what affects our concept of responsibility.
LANGUAGE ARTS	PHYSICS	MATH
Define responsible and irresponsible and relate those definitions to the use of alcohol. Keep a week's chart highlighting times and circumstances people are offered a drink. Analyze value messages.		
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAMA	OTHER _____

#1

1. What effect does alcohol have on your physical health?
 - a. Diet - resistance to illness
 - b. Strength and fitness
 - c. Skills, hobbies, recreation

2. What effect does alcohol have on your mental health?
 - a. Self-image
 - b. Relationships in the home and family
 - c. Relationship with peers

3. At what point does alcohol interfere with your health?
 - a. Physical
 - b. Mental

#2

1. How do you know when to say no or when to stop?
2. Do your friends or environment influence your decisions to slow down or stop drinking? Could they?
3. What does "be cool" mean?
4. What legal problems could come up if you misuse alcohol?
5. Do you "be cool"
 - a. for your friends?
 - b. for your self-image and comfort?
Are (a) and (b) the same?
 - c. to avoid hassles with the police?
6. Can you find the real you through alcohol?

#3

1. Have any such events (accidents) influenced
 - a. You
 - b. Family
 - c. Friends
2. How long lasting are these changes? How long will this person stay away from alcohol?
3. What are some potential consequences of drinking heavily?

#4

1. How could alcohol affect your job security?
2. How could alcohol affect your safety on the job?
 - a. Self
 - b. Others
3. Could the misuse of alcohol by others interfere with your safety or job security?
4. What types of jobs could people do if they were under the influence of alcohol?

#5

1. Why do some people get nasty when they drink?
2. What are other types of behavior seen in people when they get drunk?
3. Can the crazy things people do lead to
 - a. Legal problems? Examples:
 - b. Good peer relationships? Examples:
 - c. Family harmony? Examples:
4. Is a drug influenced personality the "real you?"



#6

1. Why is alcohol our number-one drug?
2. What is its value to society?
3. Why do some people drink too much? What is alcohol's value to them?
4. Why do some people not drink at all? What is alcohol's value to them?
5. "Most people drink okay." What does this mean?

#7

1. Must one drink to have a party or good time? Why?
2. Do you think people drink because of taste? Watch people drink. Look at the expressions on their faces.
3. Do you do things just because your friends do? What do you do for fun because you want to?
4. What else could one do to beat boredom?
5. What else could one do to forget problems temporarily? Permanently?
6. Does alcohol give one courage?

#8

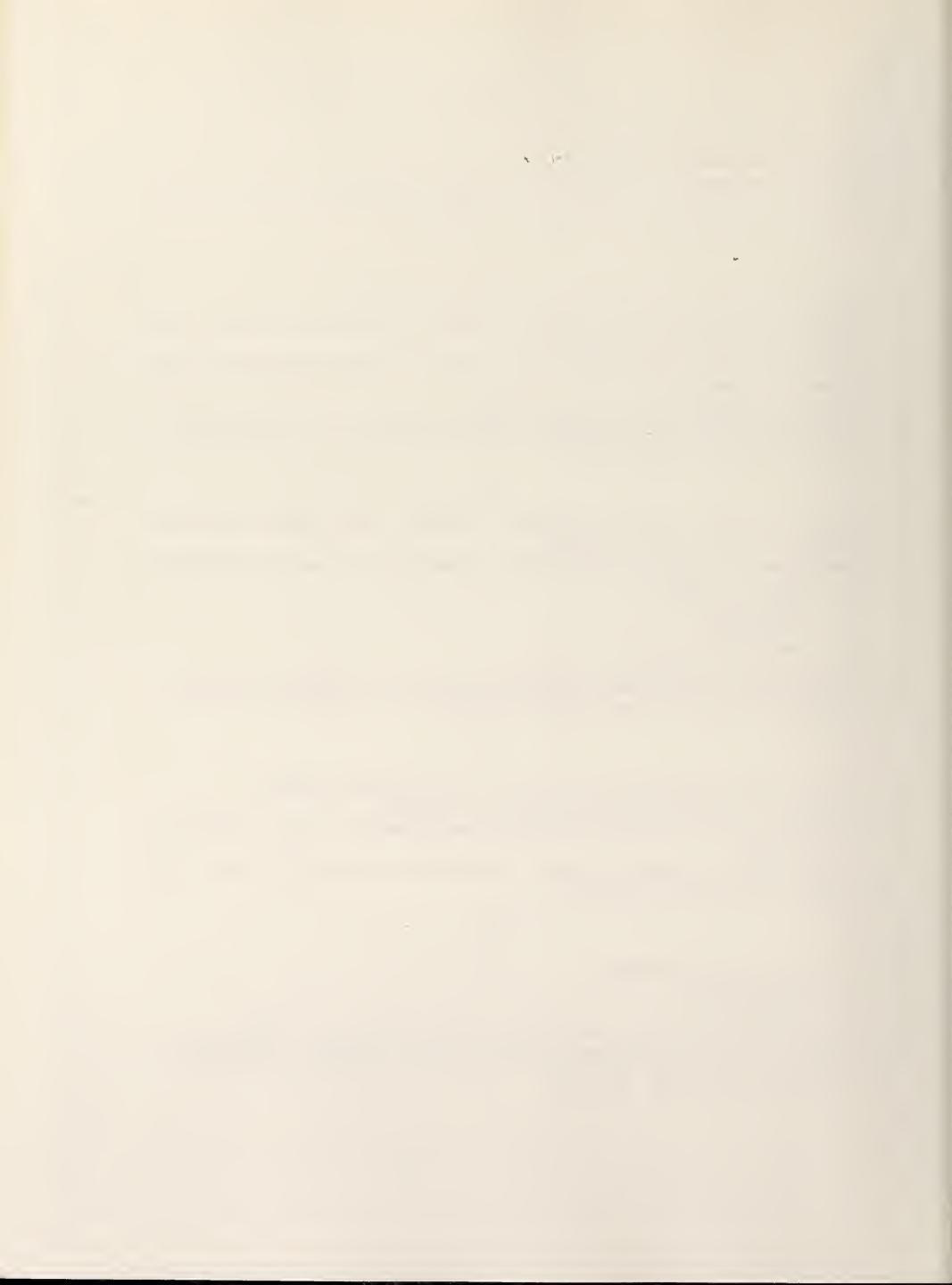
1. How do you feel about the statement, "Alcohol is not really bad unless you're an alcoholic."? Explain.
2. What effects does continued alcohol consumption have on an alcoholic's
 - a. physical health
 - b. mental health
 - c. employment
 - d. family/social life
3. How can you recognize an alcoholic?
4. If you drink, what signs indicate you might have a drinking problem?
5. Name some sources of help for alcoholics.

#9

1. What are some responsibilities you have if you use alcohol?
2. Is there an age when people should use alcohol?
3. What advantages/disadvantages do you see to having a legal drinking age of 21 years?
4. What influences people to begin using alcohol for the first time? What makes them continue to drink?

#10

1. Can alcohol solve problems
 - a. temporarily
 - b. permanently
2. What can you do about problems that seem too heavy to handle?
3. What are some of the pleasant effects alcohol produces? Unpleasant?
4. Can you be sure that the effects of alcohol on you will be the same each time you drink? Explain.



<p>r e a d y</p> <p>The student will be able to discriminate between responsible and irresponsible decisions related to alcohol.</p>	<p>s e t</p> <p>I will use this activity to help students:</p> <ul style="list-style-type: none"> <input type="checkbox"/> develop self-concept <input checked="" type="checkbox"/> improve decision-making ability <input checked="" type="checkbox"/> clarify attitudes and values 	<p>ACTIVITY</p> <p>RESOURCES</p> <p>Copy of:</p> <p>Worksheets - "The Slumber Party" "Saturday Afternoon Football Game" "The Older Brother" "An Evening With the Johnsons" "The Kegger" "The Wedding Reception"</p> <p>EVALUATION</p> <p>increase knowledge</p> <p><input type="checkbox"/> improve communications</p> <p><input checked="" type="checkbox"/> learn or improve health skills</p> <p>develop social responsibility</p> <p><input type="checkbox"/> other (please designate)</p>	<p>EVALUATION</p> <p>1. Make copies of one or all of the situations (see following pages) for the class. Distribute and have them respond individually.</p> <p>2. Give students the opportunity to share feelings and reasons in small groups or with the entire class.</p> <p>3. Discuss with the class the differences of opinions among students as to what is a responsible or an irresponsible decision about drinking. What interferes with or stops people from making responsible decisions? What effects do your decisions have on you? on others? Do you have the right to affect others negatively? Discussion could include consideration of ways people's attitudes and values are formed.</p> <p>(See following pages)</p> <p>Read <u>The Yellow Pages</u>, Effects, p. 28 Decision-Making p. 10</p> <p>COMMENTS OR SUGGESTED CHANGES</p> <p>Teacher evaluation of activity. Please circle:</p> <p>1 2 3 4 5 ugly!</p>
---	--	---	--

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 24

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES	
		Study society's attitudes about responsible and irresponsible decisions about alcohol.	
LANGUAGE ARTS	PHYSICS	MATH	
BIOLOGY	HOME ECONOMICS	CHEMISTRY	
	Child development - how our values and attitudes are influenced by our parents.		
PSYCHOLOGY	DRAMA	OTHER	
	Relate Lawrence Kohlberg's stages of development to responsible irresponsible behavior regarding alcohol.		



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE SLUMBER PARTY

- Ann is spending the night at Cathy's house. Cathy is 17, and her parents are away for the week-end. Ann notices the well-stocked liquor bar and suggested that they make themselves a drink.

Responsible _____

Irresponsible _____

Why?

- Cathy refused, knowing that her parents would not approve.

Responsible _____

Irresponsible _____

Why?

- Ann begins to tease Cathy about being a coward and even offers to take the blame if they are caught.

Responsible _____

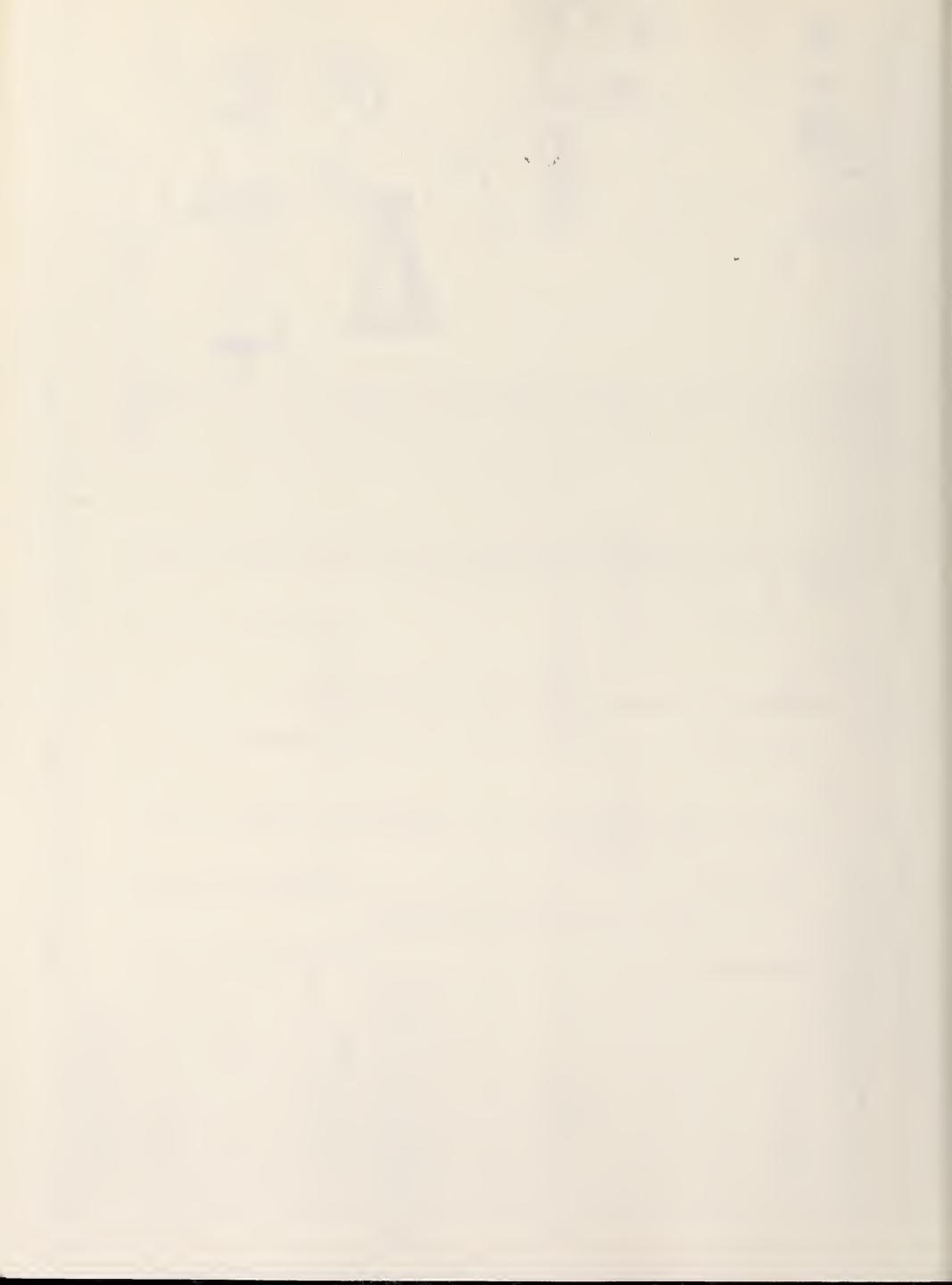
Irresponsible _____

- Cathy pours a drink for Ann but not for herself.

Responsible _____

Irresponsible _____

Why?





Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

SATURDAY AFTERNOON FOOTBALL GAME

- Robert, who is 16, is watching a football game on TV with his father. During a commercial his father goes to the kitchen for a beer and asks Robert if he'd like one, too.

Responsible _____

Irresponsible _____

Why?

- Robert says yes and drinks the beer.

Responsible _____

Irresponsible _____

Why?

- Robert's best friend, Bill, 15, comes in during half-time. Robert's father offers Bill a beer which Bill accepts.

Father Responsible _____

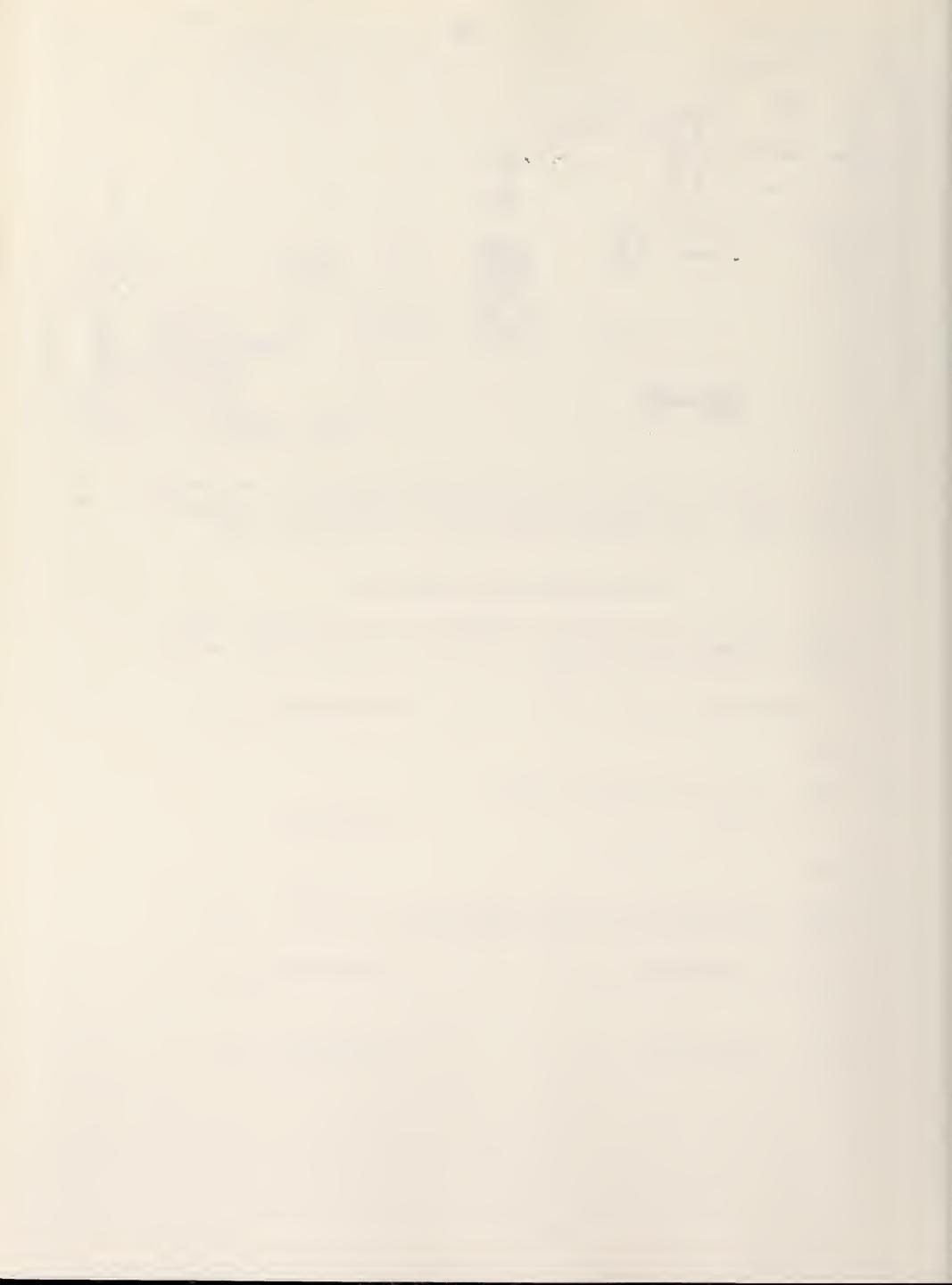
Irresponsible _____

Why?

Bill Responsible _____

Irresponsible _____

Why?





Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE OLDER BROTHER

1. Mark, who is 16, asks his older brother, Rick, who is 22, to buy a case of beer for him and his friends.

Responsible _____

Irresponsible _____

Why?

2. Rick agrees to buy the beer on the condition that Mark doesn't drive after drinking

Responsible _____

Irresponsible _____

Why?

3. Mark promises not to drive.

Responsible _____

Irresponsible _____

Why?

4. Rick buys the beer.

Responsible _____

Irresponsible _____

Why?

5. Mark drives home that night from his buddy's house after drinking 3 beers, disregarding his promise.

Responsible _____

Irresponsible _____

Why?



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

AN EVENING WITH THE JOHNSONS

1. It is Friday evening and Mr. and Mrs. Johnson relax by drinking a cocktail at home before dinner.

Responsible _____

Irresponsible _____

Why?

2. Larry, who is sixteen years old, enters the living room and asks his father for a sip of his cocktail. His father hands him the glass, and Larry takes a drink.

Larry Responsible _____

Irresponsible _____

Why?

Father Responsible _____

Irresponsible _____

Why?

3. Larry, his father, mother and 17-year-old sister, Jenny, begin eating dinner. During the meal both Larry and Jenny drink two glasses of wine.

Responsible _____

Irresponsible _____

4. After dinner Mr. and Mrs. Johnson go next door to their neighbor's for a beer.

Responsible _____

Irresponsible _____

Why?

5. Mrs. Johnson continues to drink one beer after another until she becomes loud and begins shouting at Mr. Johnson. She leaves the neighbor's house abruptly, staggers home and falls asleep in the bedroom with all her clothes on.

Responsible _____

Irresponsible _____

Why?



Read the following situations. Check in the appropriate space whether you think the decision about drinking described in the situation is responsible or irresponsible. Then explain briefly why you answered as you did.

THE WEDDING RECEPTION

- Eric, 20 years old, invites Jean who is 18 to his sister's wedding. The groom's father proposed a toast to the happy couple with a glass of champagne.

Responsible _____

Irresponsible _____

Why?

- Eric's 15-year-old sister, Debbie, is poured a glass of champagne, and she drinks it.

Responsible _____

Irresponsible _____

Why?

- For the wedding reception there are two kinds of punch - one with liquor and one without, but they both look the same.

Responsible _____

Irresponsible _____

Why?

- Aunt Dorothy does not drink alcoholic beverages. Eric, as a joke, serves her a cup of the punch that contains alcohol, and Aunt Dorothy drinks it.

Responsible _____

Irresponsible _____

Why?

- Miss Coleman who sang during the wedding ceremony is getting "high" on the punch that contains alcohol.

Responsible _____

Irresponsible _____

Why?

THE WEDDING RECEPTION (Continued)

6. Paul Benson, the best man, has had more cups of the punch containing alcohol than he can count. He is getting loud with his funny jokes and spilling cake crumbs on the carpet. He asks Debbie to bring him another cup of punch.

Responsible _____

Irresponsible _____

Why?

7. Debbie gets him another cup of punch.

Responsible _____

Irresponsible _____

Why?

8. Eric appears sober, although Jean knows that he's had four cups of the punch containing alcohol within the past hour and one-half. He has to drive her home. He asks her to pour him one more cup "for the road."

Responsible _____

Irresponsible _____

Why?

THE KEGGER

1. Rick and Heather, both 18, decide to go to the Friday evening kegger.

Responsible _____

Irresponsible _____

Why?

2. Rick drinks beer, while Heather opts for a soft drink.

Rick Responsible _____

Irresponsible _____

Heather Responsible _____

Irresponsible _____

Why?

Why?

3. Feeling that Rick has had a little too much, Heather offers to drive him home.

Responsible _____

Irresponsible _____

Why?

4. Not wanting anyone else to drive his car, Rick refuses.

Responsible _____

Irresponsible _____

Why?

		The student will identify the decision regarding drinking or not drinking as an individual choice.										
s e t a g o	<p>I will use this activity to help students:</p> <p><input type="checkbox"/> develop self-concept</p> <p><input checked="" type="checkbox"/> improve decision-making ability</p> <p><input checked="" type="checkbox"/> clarify attitudes and values</p>	<p><input type="checkbox"/> increase knowledge</p> <p><input checked="" type="checkbox"/> improve communications</p> <p><input type="checkbox"/> learn or improve health skills</p>										
RESOURCES	ACTIVITY	EVALUATION										
Copy of: "Role Profiles" (See following pages)	<ol style="list-style-type: none"> Students discuss why people exert pressure on others to drink, not to drink, or to drink excessively. Students role-play parts in scenarios in which someone is being pressured not to drink, to drink, or to drink excessively. Students should be encouraged to develop their own role profiles. After each role play, participants read their role profiles to the class and discuss feelings they had while role-playing. Others discuss how they might have acted or what they might have said had they been involved. Emphasize in each situation why and how people exert pressure as well as ways of coping. Other situations where pressure is often exerted, such as fashion, going steady, choice of friends could also be discussed. Conclude role-playing with the following discussion questions: If you choose not to drink, do you expect others to respect your choice? Do you respect a drinker's choice to drink as long as he/she drinks in a responsible manner? If you choose to drink, do you respect the decision of non-drinkers? 	<p><input type="checkbox"/> develop social responsibility</p> <p><input type="checkbox"/> other (please designate)</p> <p><input type="checkbox"/> COMMENTS OR SUGGESTED CHANGES</p> <p>Teacher evaluation of activity. Please circle:</p> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>Right!</td><td></td><td></td><td></td><td>Wrong!</td> </tr> </table>	1	2	3	4	5	Right!				Wrong!
1	2	3	4	5								
Right!				Wrong!								

PHYSICAL EDUCATION	MUSIC	LANGUAGE ARTS	PHYSICS	MATH	CHEMISTRY	HOME ECONOMICS	BIOLOGY	PSYCHOLOGY	DRAMA	OTHER
		Communication skills - use of active listening to <u>understand others' points of view.</u>				Entertaining: Must a good host/ hostes serve alcohol to have a successful party?			Act out short skits on peer pressure.	

SOCIAL STUDIES

LANGUAGE ARTS

Communication skills - use of active listening to understand others' points of view.

PHYSICS

MATH

BIOLOGY

HOME ECONOMICS

CHEMISTRY

Entertaining: Must a good host/ hostes serve alcohol to have a successful party?

PSYCHOLOGY

DRAMA

OTHER

Persuasion: Four students agree on false length of line - one uninformed student is persuaded to agree, etc.

ROLE PROFILES

Non- or Social Drinker - Louis

You are 15 years old and sometimes go out with your three best friends, Sam, John and Bob when they've had an older brother buy you all some beer. Usually someone's parents are out and you go over to his house and drink. Your friends get pretty high and sometimes drunk. You try to drink as little as possible but they keep pressing you to drink more. If your parents catch you, you'll be grounded for weeks, and anyway you don't really like alcohol. But these are your closest friends.

You're now at a house drinking, but you've so far only had half a beer. How will you respond to your friends' efforts to get you to drink more?

Friends - 3 (Sam, John, Bob)

You and your three other friends form a close group and you all like to go drinking sometimes when you can get some beer and a vacant house. But Louis tried to drink as little as possible and acts chicken whenever the rest of you drink (though he's a great kid in every other way). It spoils your fun to have one of you sober.

You're now at a house drinking and he's already drinking hardly at all. What will you say to him to get him to drink with you and have some fun and not spoil it for you?

Social Drinker - Marsha

You've been going with George whom you really like. He drinks (which is OK) but he objects to your drinking at parties. He feels "nice" girls don't drink and he and you keep getting into fights over it. You like to relax with a beer or two at parties.

You're at a party now and he's starting to complain about your drinking. How will you respond?

George

You don't like the idea of girls' drinking because it presents a lousy image. Your girl, Marsha, whom you really like in all other respects, is on her second beer already at this party. She doesn't usually have more than two or three and usually stays sober. Still, you think it looks cheap. You want her to stop. What will you say?

Non- or Social Drinker - Fred

You are the star linebacker on your high school football team and after every game there's a party at someone's house with a lot of drinking. You don't like the taste of alcohol and you get a lot of razzing from the guys and girls at the parties and sometimes on the field for not drinking. You're sensitive about it and it affects your playing ability because you get self-conscious and feel you have to be twice as good as anyone else to make up for not drinking.

You're now at the party and being pressured to drink by your teammates and some of the girls. How will you respond? You've been drinking nothing but Coke and 7-Up.

Friends - 6

You are at a party with Fred after a Saturday football game. As usual, he's drinking 7-Up and Coke. He sure is weird about alcohol, and you're going to tease and razz him until he drinks like the rest of you. What will you say to him?

Non- or Social Drinker - Ann

You have gone to the movies on this Saturday afternoon with three friends, Carol, Joyce and Cheryl. On the way home you run into one of their older brothers who has a case of beer in his car. He gives his younger sister (your friend) a six pack and tells you all to "have a blast - it's about time you found out what life's all about." Your friends think this is a great chance, and you all go off to the park behind the bushes to drink. You don't want to drink, however, but your friends are all starting to open the beer. What do you do now?

Friends - 3 (Joyce, Cheryl, Carol)

You have gone to the movies on this Saturday afternoon with three friends. On the way home you run into one of their older brothers who has a case of beer in his car. He gives his younger sister (your friend) a six pack and tells you all to "have a blast - it's about time you found out what life's all about." You think this is a great idea, but Ann doesn't seem to. In fact, now you're all in the park opening the cans and she hasn't picked up one. You don't want her to miss the fun or spoil it for the rest of you. How will you try to persuade her to drink?

Tim

You are 16 years old and at a party with 25 friends. You've been going with Carey, your present date, for 5 months. She has a habit of drinking too much at parties and then going around flirting with other guys. She's already had two beers and has just opened a third. What, if anything, do you do? (You've had two beers, too, but you can hold your liquor.)

Excessive Drinker - Carey

You are 16 years old and at a party with 25 friends. You have been dating Tim for about 5 months. You like to get "high" at these parties because you feel less shy with other people and it just makes you happy - and you don't mind making your boyfriend a little jealous by flirting with another guy or two. You're on your third beer now.

Ami

You are 16 years old and at a party with 14 friends. You've been dating Terry for 3 months, and he's never had more than two drinks. But tonight he's already on his fourth and starting to get loud and pushy. What, if anything, do you do?

Excessive Drinker - Terry

You are 17 years old and at a party with 14 friends. You've been dating Ami for 3 months. Tonight you feel especially good and you're on your fourth beer. Usually you have only two and hardly ever get drunk. You're sure you can hold your liquor.

Linda

You are having dinner in a swank restaurant with Bob, your fiance. He had two cocktails before the meal and now he's on his second glass of wine. Neither of you have had anything to eat since breakfast, so he's getting very loud and attracting some attention from the waiters and other patrons. He likes to get "high" sometimes at parties, but this is the first time it's happened with you in a restaurant. What will you say?

Excessive Drinker - Bob

You are having dinner in a swank restaurant with Linda, your fiancee. You've had two cocktails and have been drinking from a bottle of wine. Since you had little to eat all day, you feel rosy and cheerful from the alcohol and you figure a few more glasses of wine will make you feel really great. You don't care what people think; you're paying a fortune for this meal.

The student will know that coping behavior is part of everyone's life and people use various methods for coping with their problems, including alcohol. He/she will be able to identify the resources available in his/her community to help people who have drinking problems and/or are coping with the drinking problems of someone else.

I will use this activity to help students:

- develop self-concept
- improve decision-making ability
- clarify attitudes and values

RESOURCES

ACTIVITY

EVALUATION

1. Have the speaker discuss:
 - a. His/her own family situation
 - b. How he/she manages to cope with it
 - c. What Alateen is
 - d. How to get involved in Alateen
2. Discuss coping skills worksheet.

COMMENTS OR
SUGGESTED CHANGESRead The Yellow

Pages:

Decision-Making

P. 10

Alcoholism,

pp. 44-60

Teacher evaluation
of activity,
please circle:

1	2	3	4	5
UGN!				WOW!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS

37

PHYSICAL EDUCATION

MUSIC

How does society cope with problems?
Discuss and compare with individual coping skills.

LANGUAGE ARTS

Write a poem or story illustrating how people have to cope and can cope with problems.

PHYSICS

MATH

BIOLOGY

HOME ECONOMICS

Discuss methods families can use to cope with alcoholism.
Discuss how families develop ways of dealing with internal problems.

CHEMISTRY

What happens to people who have difficulty coping?

DRAMA

Find plays where characters have to cope. Role-play coping situations.

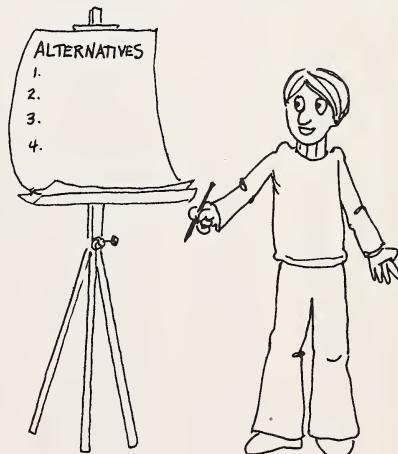
OTHER _____

COPING SKILLS

1. Admitting a problem exists and facing it
2. Defining the problem and who owns it



3. Listing alternative solutions to the problem



4. Predicting consequences for yourself and others
5. Identifying and consulting sources of help



6. Giving help to others when needed and wanted
7. Experimenting with a solution and evaluating the results

<p>r</p> <p>The student will be able to identify criteria for selecting valid and responsible sources of help.</p> <p>e a d y</p>	<p>I will use this activity to help students:</p> <p><u>develop self-concept</u> <u>increase knowledge</u> <u>improve decision-making ability</u> <u>improve communications</u> <u>clarify attitudes and values</u> <u>learn or improve health skills</u> <u>other (please designate)</u> <u>increase coping skills</u></p>		
RESOURCES	ACTIVITY	EVALUATION	
<p>s e t o</p> <p>Teacher: get a song on "Friends"</p> <p>Butcher Paper Felt Pens</p>	<ol style="list-style-type: none"> Discuss how being with friends and talking to them about problems is a means of coping with problem situations, including alcohol problems. Have students listen to the lyrics of the music while they write down all of the qualities they feel are important in a friend. At the conclusion have students divide into groups of five and make a composite list of the traits the group feels are important using the butcher paper and felt pens. Regroup as a class and have each group share their list. 	<p><u>COMMENTS OR SUGGESTED CHANGES</u></p> <p>Teacher evaluation: of activity: Please circle: 1 2 3 4 5 right! <u>new!</u></p>	
	<ol style="list-style-type: none"> Discuss what characteristics, in addition to those already listed, would be important to consider if you wanted a friend's help on an alcohol problem. (Eg., knowledge of the resources, knowing how to get access to the treatment systems.) Point out similarities in the groups' lists. Conclude the activity by replaying as background music and having students individually analyze how many of the traits written on the composite list they have. Leave the butcher paper lists up around the room for a few days as reinforcement. 		

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 40

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
LANGUAGE ARTS	PHYSICS	MATH
The students develop poems on what it means to be a friend.		
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	Drama	OTHER ART
Discuss the need people have for friendship.		Make a collage on traits of a friend.

TOPIC: DECISION-MAKING - Simulation Game

GRADE: Senior High School

r e a v
s e d
t o

The student will identify his/her feelings and values about the use of alcohol and how they affect his/her decisions. The student will identify the community as a party responsibility for alcoholics.

I will use this activity to help students:

develop self-concept

improve decision-making ability

clarify attitudes and values

increase knowledge

improve communications

learn or improve health skills

EVALUATION

ACTIVITY

RESOURCES

1. Read the instructions and newspaper articles on the following pages. Read the role cards in the kit.
2. Make copies of the "Nowsville News" (see following page) for the class.
3. Assign the students their roles at least one day prior to using the activity.
4. At the completion of the activity allow plenty of time to discuss the activity using the discussion questions found on the instruction sheet. (Note: This activity may take two classroom periods to complete.)

Copy of:

NONSVILLE NEWS
(See following pages)

COMMENTS OR
SUGGESTED CHANGES

Teacher evaluation
of activity:
Please circle:

1 2 3 4 5
Right. Wow!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 42

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES	
		Research what your community is presently doing about the alcohol problem.	
LANGUAGE ARTS	PHYSICS	MATH	
BIOLOGY	HOME ECONOMICS	CHEMISTRY	
	Discuss the effects of alcoholism on small children whose parents are alcoholic.		
PSYCHOLOGY	DRAMA	OTHER	

ALCOHOL EDUCATION SIMULATION GAME

INSTRUCTIONS

The following pages contain simulated newspaper articles and eighteen role descriptions for the hypothetical town of Nowsville.

The newspaper articles are designed to give students background information and set the stage for the simulation game. The role descriptions for students to assume while playing the game are in the kit. Roles 1-7 are commission members, and only one of each of these people should be in the game. If you have over 18 students, you can use the additional copies of roles 8-18 so that more than two students are playing a given role. Distribute one role card to each student.

The setting for the game is a town meeting where the Alcohol Commission and local townspeople are to decide how \$50,000 should be spent in their town to curb the problem of alcohol abuse. The agenda for the meeting is contained in the role description of the City Council person.

The objectives of this activity are for students to consider different responses to the alcohol problem, for students to better understand others' responses to the problem, and for students to understand the responsibility a community has to deal with alcohol problems.

For the best results, assign a strong person as the city council person (Chairman of the Alcohol Commission), assign students roles that are different (sometimes even opposite) from their true feelings. At the completion of the activity give students ample time to discuss their feelings with others in the class. The following discussion questions may be useful:

1. How did you feel about the role you were playing?
2. Did playing the role give you any insights into your character? Explain.
3. Did the people in this game represent a realistic cross-section of your community?
4. How do you feel about the way the commission decided to spend the money?
5. What responsibilities does a community have to deal with this type of problem?
6. How would you recommend your community deal with this problem?



WONNSVILLE NEWS

Volume XX - No. 5

44

TEENAGE DRINKERS CAUGHT AGAIN

Sept. 15. Fourteen youths between the ages of 15 and 18 were arrested Friday evening at 11:45 for possession and consumption of alcoholic beverages.

Police Lt. Gary Carlson said that the arrests were made at a "kegger" party held at Loman Beach. Carlson said he and 3 other officers were alerted by neighbors that a loud party was taking place at the beach. When they arrived on the scene they found 14 youths and a keg of beer.

All of the teenagers involved were released in the custody of their parents.

This has been the third such series of arrests in the last two weeks. The other arrests also involved possession of marijuana as well as alcohol. In addition, there have been four fatal auto accidents this year in which teenagers under the influence of alcohol were at fault.



MAYOR ALLOCATES
\$50,000 FOR ALCOHOL PROBLEMS

Sept. 20. Mayor Dormant Brayman announced

yesterday that he is formalizing his concern over the ever-increasing alcohol problem among youth and adults by appointing a seven-member commission to study the problem.

MAYOR'S DAUGHTER REASON FOR CONCERN?



Mayor Brayman cited the recent arrests of young people and auto accidents as indicators that the problem is on the increase.

The mayor has allocated \$50,000 from his emergency fund to begin to deal with the city's alcohol problem. The commission will be made up of a city council person, the chief of police, the director of the county mental health center, a local doctor, a minister, the director of a local alcoholism treatment facility, and the director of health education for the city schools.

The mayor stated that the commission's main task will be to decide on how to spend the \$50,000. The commission will hold a public meeting this Thursday night. All interested persons are urged to attend.

This paper has it from a reliable source that the mayor's real concern stems from the fact that his daughter was one of the students picked up at a recent kegger.

NOWSVILLE DAILY NEWS, Sept. 22, 1975

TEENAGE DRINKING: WHOSE PROBLEM?

Alcohol is America's most severe adult drug problem - one which is rapidly becoming as serious for young people as for their parents.

In recent weeks our paper has carried stories on a number of arrests of young people for drinking. Last week's auto accident killing a young motorcyclist and his companion after a kegger is another example of the tragic effect of alcohol on teenagers.

Students have told us that drinking at school is common since it's easy to smuggle alcohol into schools without being caught.

A counselor, Debbie Smith, from the local Community Alcohol Center stated, "Teachers and supervisors say alcohol in the schools isn't a major problem. But they wouldn't recognize students who have been drinking or who have a drinking problem if it hit them in the face."

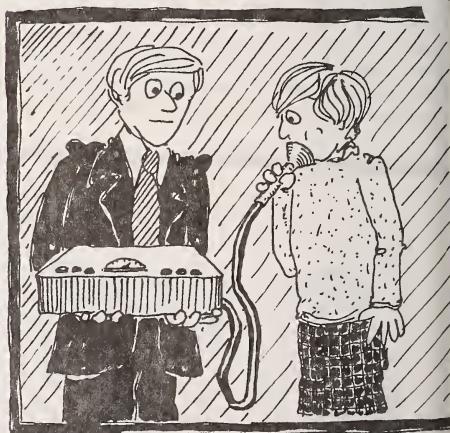


NORTH HIGH SCHOOL'S ASB PRESIDENT, RICK GRIFFIN, DISPLAYS ALCOHOL RECENTLY DIS-COVERED IN THE STUDENT LOCKER AREA.

As yet school authorities, alcohol agencies and the police can only guess at the dimensions of the problem which threatens to cripple the young people of this country. The most alarming aspect of the crisis is that no one is concerned enough to try to work out solutions.

The mayor's special commission on alcohol problems will be meeting this week to consider ways of dealing with the alcohol problem in our community. We hope this committee will focus on the issue of alcohol use in the schools.

One suggestion to that commission would be to follow the lead of Coatsville, Pa. The Coatsville board of education voted unanimously last week to permit the use of a breathtester to determine if students were coming to school drunk.



BREATHTESTER NEEDED IN OUR LOCAL SCHOOLS?

If alcohol abuse is the largest problem among young people today, as it appears to be, it cries for community attention. At the very least we should be able to identify those children who are involved. Once the facts are known, funds must be appropriated to combat a crisis which endangers a whole generation.

r e The student will be able to identify a variety of ways to feel good.
s e d y

I will use this activity to help students:
 develop self concept
 improve decision-making ability
 clarify attitudes and values

increase knowledge _____
 improve communications _____
 learn or improve health skills _____

develop social responsibility _____
 other (please designate) _____

EVALUATION

ACTIVITY

RESOURCES

g o Copy of:
Worksheet "Listening to Myself" (see following page)

1. Make copies of "Listening to Myself" worksheet (see following page) for the class.

2. Have students list on the worksheet ten activities that they really love to do.

3. Then have them complete the worksheet by marking each category with a Yes or No.

4. Discuss the answers on the worksheet, including the following topics:

- a. Family influence on activities
- b. Peer influence on activities
- c. Range of activities which can produce good feelings.

COMMENTS OR SUGGESTED CHANGES

Teacher evaluation
of activity:
Please circle:

1 2 3 4 5
Ugh! Wow!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS 47

PHYSICAL EDUCATION	MUSIC	SOCIAL STUDIES
	Have students share music that they enjoy and that makes them feel good.	
LANGUAGE ARTS	PHYSICS	MATH
	Have students give a speech on their interests.	
BIOLOGY	HOME ECONOMICS	CHEMISTRY
PSYCHOLOGY	DRAMA	OTHER _____
		Act out the three ways to respond to a given situation. (from Transactional Analysis).
		Discuss the meaning of "child, parent, adult" in each person (from Transactional Analysis).

10.							1.
9.							
8.							
7.							
6.							
5.							
4.							
3.							
2.							
1.							

LISTENING TO MYSELF

. . . THINGS I LOVE TO DO!

1. Costs \$2 or more each time
2. Done primarily alone
3. Done primarily with others
4. School- or job-related
5. Can still do this after age 40
6. Requires good health to do
7. Done when I am already happy
8. Date I last did this activity
9. Activity requires alcohol or another drug to enjoy
10. My parents do this activity
11. My parents did not do this activity
12. Done primarily when I'm depressed



TOPIC: SELF-IMAGE - "Guidance for the 70's: Self-Esteem"

GRADE: Senior High School

The student will identify the major factors which influence self-concept, including messages from other people and one's own strengths and weaknesses. The student will know that how he/she feels about him/herself has a direct relationship to his/her behavior, including the use of alcohol.

r *I will use this activity to help students:* *increase knowledge* *improve communications* *learn or improve health skills*

e *X develop self-concept* *improve decision-making ability*

t *X clarify attitudes and values*

develop social responsibility
other (please designate)

EVALUATION

ACTIVITY

RESOURCES

g *Self-esteem activities (see following page)*

o *Discuss how peer pressure can influence self-image and behavior:*

- a. Keggers
- b. Drinking at school functions
- c. Drinking and driving
- d. Mixing alcohol with other drugs

2. Develop a class list of people who have had an effect on building self-image of students.
3. Have students complete self-esteem evaluation sheet.
4. Present scoring criteria:
 - a. Total all ODD statements.
 - b. Total all EVEN statements.
 - c. Subtract EVEN statements from ODD statements.
 - d. Perfect score would be 39.
5. Discuss setting personal goals to raise self-esteem.
 - a. Try to rise your rating on ODD numbered statements which were rated 0 or 1.
 - b. Try to lower your rating on EVEN numbered statements which were rated 2 or 3.

COMMENTS OR SUGGESTED CHANGES

Teacher evaluation
of activity.
Please circle:
1 2 3 4 5
Urgent!

SUGGESTED WAYS TO INCORPORATE THIS ACTIVITY INTO OTHER SUBJECT AREAS

50

PHYSICAL EDUCATION

Discuss the relationship of self-image to the successful athlete or to success in any physical activity.

MUSIC

SOCIAL STUDIES

LANGUAGE ARTS

Write an autobiography, noting what you feel you have accomplished in your life so far. Write an obituary showing what you hope to have accomplished by the time you die.

PHYSICS

MATH

BIOLOGY

HOME ECONOMICS

CHEMISTRY

PSYCHOLOGY

Discuss behavior modification and other techniques for changing one's self-esteem and behavior.

DRAAMA

OTHER DECA

Salesmanship and its relationship to self-esteem

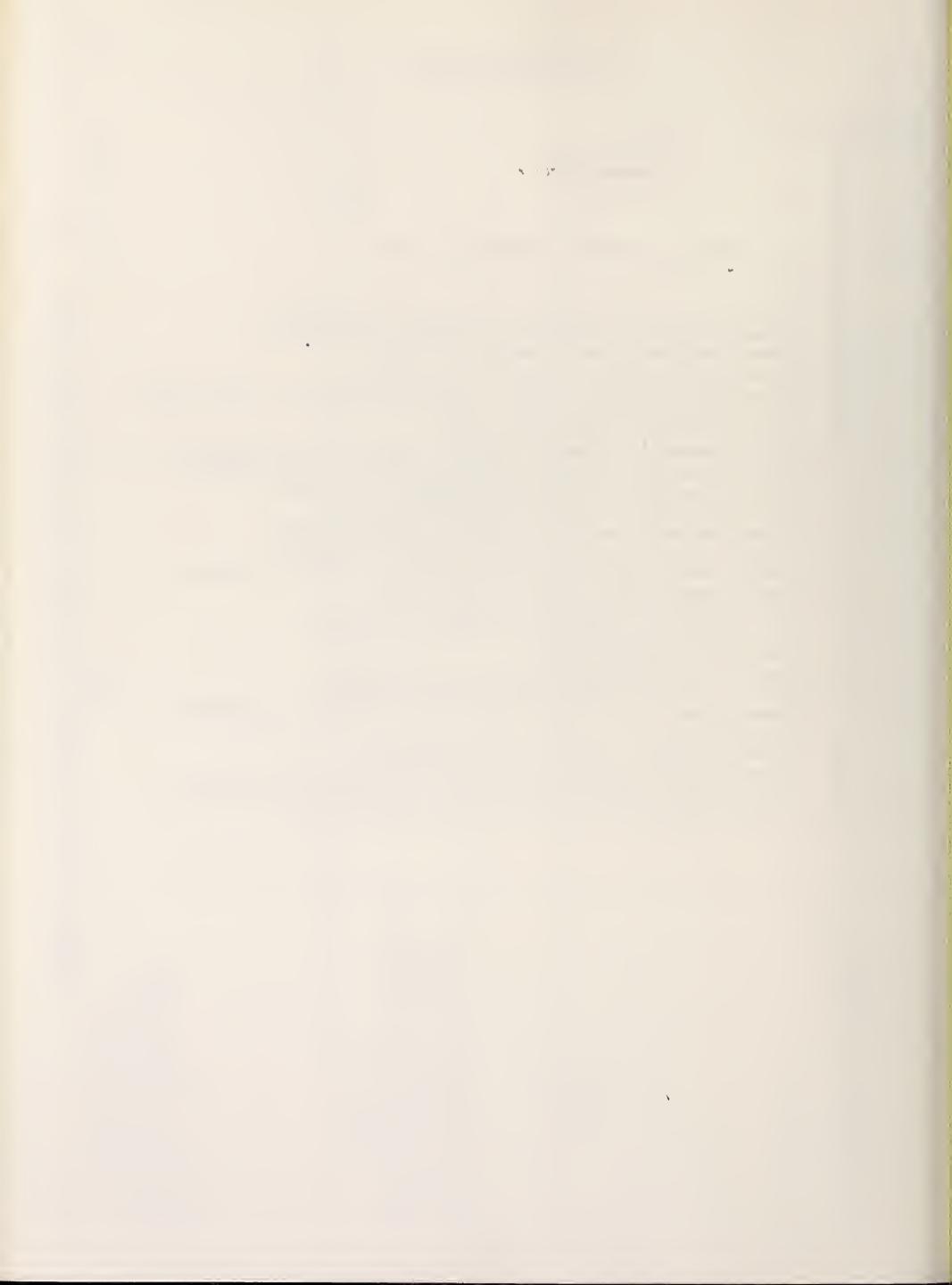
SELF-ESTEEM EVALUATION

Score as follows:

3 - True
2 - Largely true
1 - Somewhat true
0 - Not True

POINTS STATEMENT OF PRESENT CONDITION OR ACTION

1. I usually do my own thinking and make my own decisions.
2. I often justify or rationalize my mistakes and defeats.
3. I rarely experience envy, jealousy, or suspicion.
4. Losing usually causes me to feel "less than."
5. I normally let others be "wrong" without attempting to correct them.
6. I am very concerned about what others think of me.
7. I am free of guilt, shame and remorse.
8. I feel vulnerable to others' opinions, attitudes, and comments.
9. I am not prejudiced toward religious, racial or ethnic groups.
10. I tend to look down on my own achievements and talents.
11. I willingly accept the consequences of my actions.
12. I often exaggerate and lie to maintain a desired image.
13. I normally feel warm and friendly toward all people.
14. I usually feel inadequate to handle a new or changing situation.
15. I freely express love, hostility, joy, anger.
16. I am very often belittling or critical of others.
17. I am normally poised and comfortable with new people.
18. I try hard to please people.
19. I speak up for my own opinions and convictions.
20. I have a strong need for recognition and approval.
21. I normally anticipate new endeavors with a positive expectance and confidence.
22. I often brag about myself and my achievements.
23. I accept my own authority and do what I think is right.
24. I am often embarrassed by the actions of my family or associates.
25. I accept complements and gifts without embarrassment.



THE YELLOW PAGES--RESOURCE SUPPLEMENT

TABLE OF CONTENTS

	Page
I. GLOSSARY	1
II. MYTHS ABOUT ALCOHOL	6
- Alcohol and Performance	
- Alcoholism	
- Attitudes About Drinking	
- Drinking Patterns	
- Hangovers	
- Properties of Alcohol	
- Sobering Up	
III. DECISION-MAKING	10
- Decision-Making Skills	
- Feelings and Emotions	
- Values and Attitudes	
- Coping Skills	
- Self-Concept	
- Risk-Taking	
- Practice	
- Conclusions	
IV. HISTORY	17
- The Beginning	
- Early Civilization	
- Changing Patterns	
- Colonial America	
- Temperance Movement	
- Prohibition	
- Alcohol Use in the U.S. Today	
V. INDUSTRY	23
- Manufacture of Alcohol	
. types of alcohol	
. production methods	
- Uses of Ethyl Alcohol	
- Marketing of Ethyl Alcohol	
. competition and advertising	
- Public Revenue from the Alcohol Industry	

the first time, and the author has been unable to find any reference to it in the literature. It is described here in detail, and its properties are discussed. The method of synthesis of the polymer is also described.

The authors wish to thank Dr. G. R. Ladd for his help in the early stages of this work.

This research was supported by grants from the National Research Council of Canada.

Received January 15, 1963; revised March 15, 1963

VI. EFFECTS OF ALCOHOL

28

- Physical Effects
 - . Overview
 - . absorption
 - . oxidation
 - . hangover
 - . short-term effects
 - . long-term effects
 - . interaction of alcohol and other drugs
 - . the path of alcohol in the body
- Behavioral Effects
 - . overview
 - . degrees of impairment
 - . factors which influence the behavioral effects
 - . developing tolerance to alcohol

VII. ALCOHOLISM

44

- Definition of Alcoholism and Problem Drinking
 - . problem drinking
 - . alcoholism
 - . the alcoholic stereotype
- Causes of Alcoholism
 - . physiological theories
 - . psychological theories
 - . sociological theories
 - . summary
- Symptoms of Alcoholism
 - . early stages
 - . middle stage
 - . late stages
- Effects of Alcoholism
 - . effects on the individual
 - . effects on the family
 - . effects on society
- Treatment of Alcoholism
 - . detoxification
 - . drug therapy
 - . psychotherapy
 - . A.A.
 - . treatment facilities

VIII. MONTANA STATE LAWS

61

- Overview
- Alcoholic Beverage Control Laws
 - . minors
 - . general public
 - . miscellaneous
 - . penalties
- Motor Vehicle Laws
- Alcoholism Programs
 - . Uniform alcoholism Intoxication Act

IX. SAFETY	69
- Drinking and Driving	
. alcohol and traffic fatalities	
. blood alcohol levels	
. effects of alcohol on human functioning	
. alcohol and the young driver	
. drinking, driving, and the law	
. the drinking-driving decision	
. drinking and driving statistics in Washington State	
- Drinking and Other Safety Problems	
X. TEENAGE DRINKING	79
- Teenage Drinking Patterns	
- Problem Drinking Among Teenagers	
- Reasons for Drinking	
. the first drink	
. peer pressure	
. symbol of adulthood	
. rebellion	
. imitation	
XI. DRINKING PATTERNS	85
- Introduction	
. reasons for drinking	
. reasons for not drinking	
. patterns	
- Sociocultural Correlates of Drinking	
. sex	
. age	
. racial and ethnic background	
. religious affiliation	
. education	
. socioeconomic status	
. occupation	
. residence	
- Profiles of Problem and Non-Problem Drinkers	
XII. RESOURCES	96
- Community Resources for Alcohol Information and Alcohol Problems	
- Bibliography	

Absorption: The process by which alcohol enters the blood stream from the small intestine and stomach. The rate of absorption is affected by rate of consumption, body weight, presence of food in the stomach, body chemistry, and type of beverage.

Abstinence: Not drinking any alcoholic beverage.

Addiction: Physiological and/or psychological dependence on a drug. The overpowering physical or emotional urge to do something repeatedly that an individual cannot control, accompanied by a tolerance for the drug and withdrawal symptoms if the drug use is stopped. (See also physiological and psychological dependence.)

Alcohol (Ethyl): The intoxicating chemical (C_2H_5OH) found in liquors and produced by the action of yeast on sugars and starches. Often referred to as "beverage alcohol" as opposed to methyl alcohol which is not consumable and is primarily used for industrial purposes. Alcohol is classified as a central nervous system (CNS) depressant.

Al-Anon: An organization of spouses, relatives or friends of alcoholics who meet to provide each other with support and to solve common problems.

Alateen: An organization of friends and relatives, of alcoholics usually from the age of 12 through 20, who meet and try to provide each other with support and solve common problems.

Alcoholics Anonymous ("AA"): An organization of alcoholics who meet to discuss their problems in an effort to control their addiction to alcohol.

Alcoholic: The term "alcoholic" has been variously defined at different times and by different people. However, three aspects of the alcoholic have generally been agreed upon:

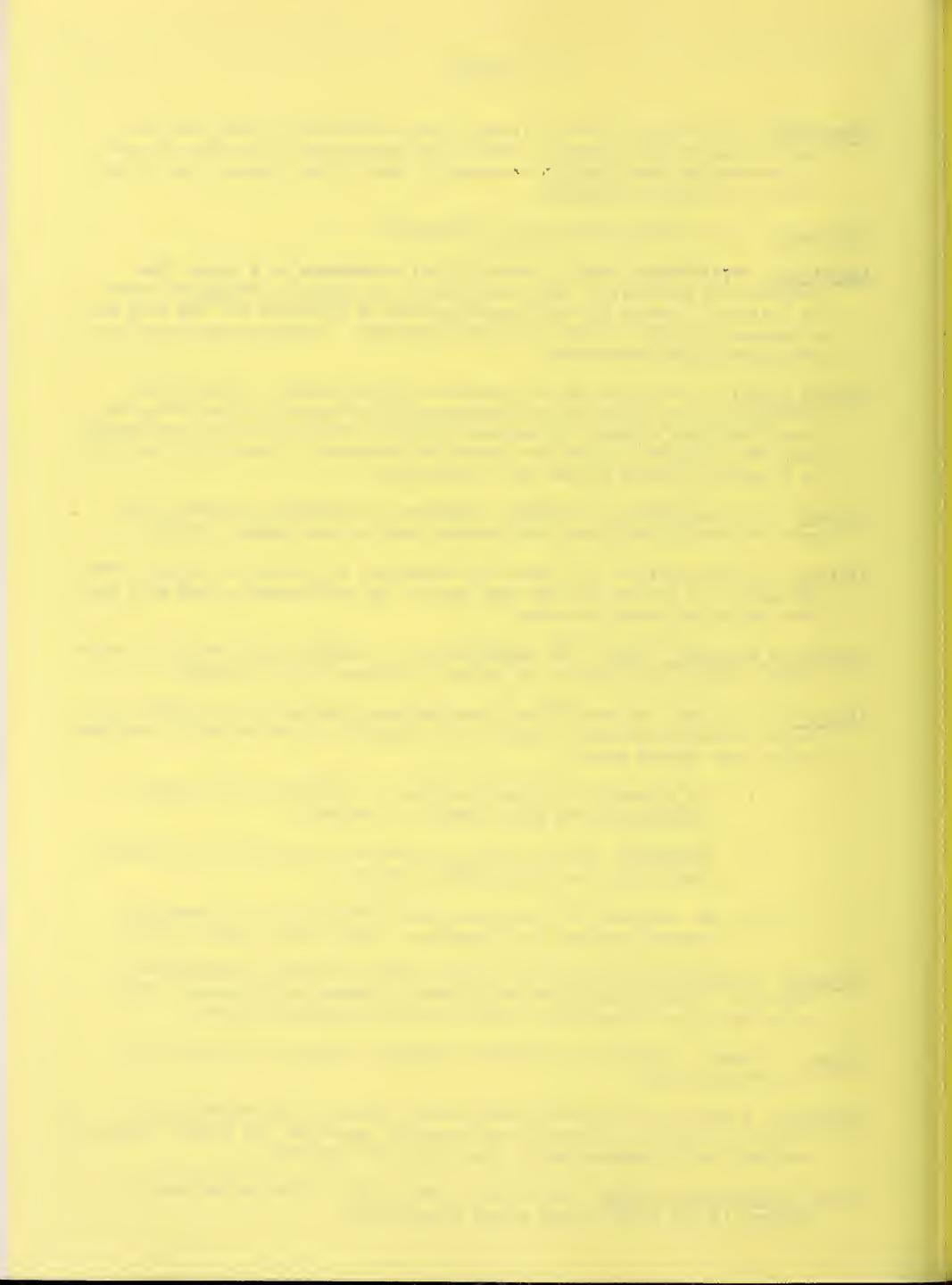
1. The alcoholic's drinking pattern is incompatible with what is expected by the other members of society.
2. Alcoholics have an urge to drink or to continue drinking once they start that they cannot control.
3. An alcoholic's drinking creates either social, economic or health problems for themselves, their family and/or society.

Antabuse: A non addicting drug which gives a strong physical reaction to alcohol. It is insurance to the alcoholic because he/she cannot take a drink for 10 to 14 days after taking the last Antabuse tablet.

Bender: (slang) A period of continuous intake of alcohol with the intent of getting drunk.

Blackout: A period of temporary amnesia which occurs while the person is drinking. During a blackout, the person is conscious and walks, talks, and acts but can't remember any of the events the next day.

Blood Alcohol Content (BAC) (or Blood Alcohol Level): The percentage of alcohol in the blood stream at any given time.



Brandy: Made by distilling wine. It contains from 40 to 50 per cent alcohol by volume. Brandy is aged in wooden casks like whiskey and has some traces of methyl (wood) alcohol in it.

Breathalyzer: An instrument used to measure the alcohol content of a person's blood through an analysis of the person's breath.

Brewing: The fermentation of grains that results in beer or ale.

Cirrhosis: The replacement of liver tissue with scar tissue due either to malnutrition and/or excessive and prolonged alcohol use.

Cognac: Made by distilling wine. It contains from 40 to 50 percent alcohol by volume.

Daydream: To let the imagination wander while the eyes are open and the mind is not sleeping.

Delirium Tremens ("D.T.'s"): A serious and sometimes fatal condition some alcoholics develop when they suddenly stop drinking, much like the withdrawal symptoms of other drug addicts. Symptoms can include hallucinations ("delirium"), uncontrollable shaking ("tremens"), terror, and agitation, and fever.

Depressant: Any chemical which diminishes the activity of the central nervous system, (CNS) usually resulting in dulled reflexes, impaired thought processes, and distorted perceptions, when taken in large amounts. Alcohol is a CNS depressant.

Detoxification: 1) Also called "drying out." The process of sobering up and withdrawing from toxic or poisonous effects of alcohol.

2) The process carried out by the liver in changing chemicals like alcohol into non-toxic substances.

Distillation: Evaporation of liquid by heat and condensing the resultant vapors into a liquid.

Distilled Spirits (Beverages): Beverages made by the distilling process usually containing at least 20% alcohol by volume. These include whiskey, gin, rum, brandy, tequila, vodka, liqueurs, etc.

Fermentation: The chemical reaction that produces alcohol when yeast and sugar are combined. The process by which wine and beer are manufactured.

Gin: Made from neutral spirits (ethyl alcohol) and water. Juniper berries and orange peel are added to the mixture for flavor. The mixture is either distilled or simply strained. Gin is usually 80 to 100 proof.

Hangover: The unpleasant physical sensations experienced after the effects of excessive drinking wear off. Symptoms can include nausea, headache, thirst, and fatigue. No effective cure is known.

Hard Liquor: Term used to refer to distilled beverages as opposed to beer and wine.

Hysteria: Irrational sense of dread arising from unconscious sources and being displaced into specific objects such as snakes, dirt, closed spaces, etc.

Identification: to associate oneself with another.

Impaired Driver: The driver whose skill and judgment have been decreased due to alcohol and/or some other drugs or conditions.

Implied Consent Law: A law which stipulates that by obtaining a driver's license an individual has implied his/her consent to submit to a chemical blood-alcohol level (breathalyzer) test upon the request of the police or lost his/her license for a given period of time.

Intoxication: The physical and emotional effects of excessive drinking. In Montana, one is legally presumed intoxicated if one has a blood-alcohol level of .10 per cent or higher.

Isolationist: One who keeps aloof or distant from other people.

Jigger: A small cup or glass used to measure liquor, containing usually 1 1/2 fluid ounces.

Kegger: (slang) A party held primarily for the purpose of drinking beer. Beer is usually supplied in the form of kegs. Most common with junior high, senior high and college groups.

Malt Beverages: Alcoholic beverages produced from barley, hops, corn, sugar, water, and other ingredients. Includes beer, ale, etc.

Neurosthenia: An obsolete term for a condition marked by fatigue, poor concentration, and mental listlessness.

Oxidation: The process by which the liver converts alcohol into heat + energy and releases carbon dioxide (which is exhaled) + water (which is eliminated as urine.)

Paranoia: Psychotic disorder marked by slower developing delusions of persecution and/or grandeur.

Psychological Dependence: The physical urge to use a substance that an individual cannot control. The individual requires an increasing dose of the substance to get the same effect and physical withdrawal signs develop if the substance used is stopped.

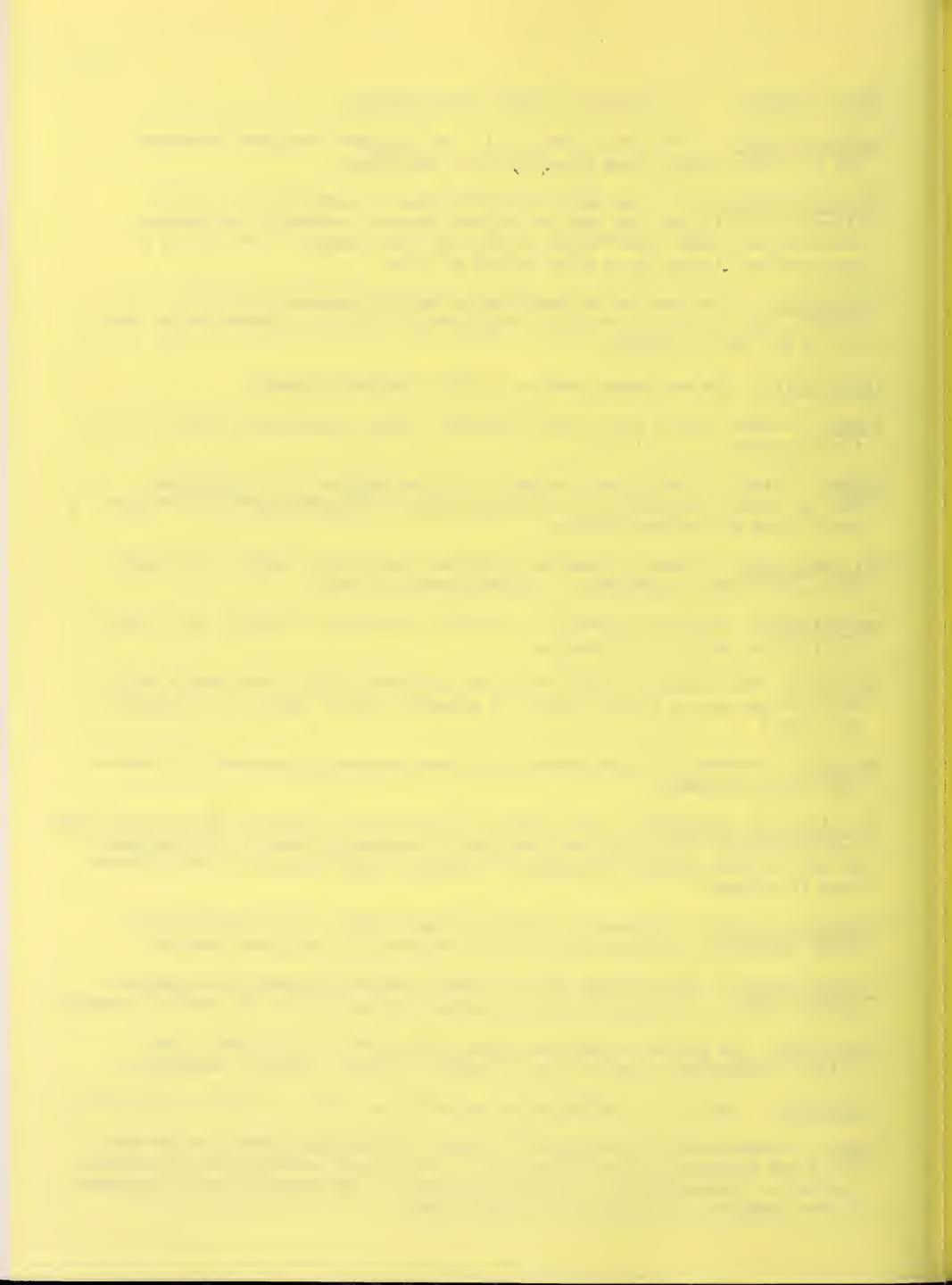
Presumptive Level: The level of alcohol concentration in the blood which is legal evidence of intoxication (.010% in Montana and most other states).

Problem Drinker: People whose use of alcohol creates problems for themselves and/or others. Individuals who are problem drinkers may or may not be alcoholic.

Prohibition The period in American history from 1919 to 1933 when it was illegal nationwide to manufacture, transport or sell alcoholic beverages.

Projection: The act of externalizing or objectifying what is primarily subjective.

Proof: A number which is equivalent to double the alcohol content of whiskey (86 proof whiskey contains 43% alcohol). In Colonial America the high alcohol content of a beverage was considered "proven" if, when combined with gunpowder, it was capable of burning with a steady flame.



Psychotic personality (psychosis): A severe and disabling mental illness of organic or emotional origin characterized by loss of contact with reality and personal disorganization and extreme deviation from normal patterns of thinking, feeling, and acting.

Psychological Dependence: A condition resulting from repeated use of a drug in which the individual must continue to take the drug to satisfy a strong emotional need.

Rationalization: To explain or justify acts or actions.

Reality: That which has objective existence and is not merely an idea. True to life.

Repression: The process by which unacceptable desires or impulses are excluded from consciousness and thus being denied direct satisfaction are left to operate in the unconscious.

Rum: A beverage distilled from molasses derived from sugar cane. It usually contains higher levels of alcohol than whiskey.

Schizophrenia: Splitting of the mind: disorganization, disconnected and illogical thought and speech. Breakdown of control.

Skid Row: (Skid Road) Term used to refer to the area of cities where "drunken bums" hang out. Also a derogatory term applied to those people.

Skid Row Bums: The "slang" name for many suffering from the disease of alcoholism.

Social Drinker: A person who drinks occasionally at social functions and whose drinking does not create personal or social problems.

Sublimation: To direct the energy of an impulse from its primitive aim to one that is culturally higher or ethically higher.

Substitution: To replace one thing with another.

Stimulant: Any chemical which increases the activity of the central nervous system, usually resulting in sharpened reflexes, and either sharper or distorted perceptions depending on the dose and chemical.

Temperance: Literally, use of alcohol in moderation. Historically, as in the Temperance Movement, either use of alcohol in moderation or total abstinence.

Tolerance: Physical tolerance is the body's ability to overcome the usual effects of a drug so that an increased dosage is needed to achieve the same effect as before for the individual. Also an individual's ability to compensate for the physical and psychological effects of alcohol use.

Treatment: Any care given to alcoholics who are attempting to stop drinking. This usually includes medical and psychological care.

Vodka: A mixture of neutral spirits (ethyl alcohol) and water. Much of the commercial source is 100 proof.

Wine: Wines are fermented fruit juices. The concentration of alcohol in wine ranges from 10 to 22 per cent by volume, being between 12 and 14 per cent in most wines.

Whiskey or Whisky: A distilled beverage made from fermented grain with content between 80 and 110 proof, and aged in charred oak barrels.

Withdrawal: After developing physical dependence on a drug, this is the result of discontinuing its intake. With alcohol, this causes various reactions from mild disorientation, hallucinations, shaking, and convulsions to "delirium tremens" ("D.T.'s").

II. MYTHS ABOUT ALCOHOL

It has been relatively few years since scientists have begun to look closely at alcohol and the effects that this substance has on the human organism. Many of the things we currently believe about alcohol are, therefore, things that have been passed down to us through the countless centuries since alcohol was first used by human beings. It is only natural that some of our beliefs would fall into the category of myths rather than scientific fact.

Listed below are some of the more common myths. You may want to look at other things you believe about alcohol in light of current research.

A. ALCOHOL AND PERFORMANCE

I drive better after a few drinks. Alcohol does not normally increase physical or mental skills. What it may do is increase confidence and decrease judgment and self-criticism. The drinker may feel as if his performance has improved when in reality it may have declined. At least half of the fatal highway accidents involve drinking.

Alcohol increases sexual desire and ability. Contrary to popular belief, the more you drink, the less your sexual capacity. The depressant action of alcohol lowers inhibitions. Therefore the drinker may respond more freely to sexual stimulation. But, like other activities, too much alcohol reduces performance abilities.



B. ALCOHOLISM

I don't know any alcoholics. Maybe you just don't know you know any alcoholics. Some of your best friends may have drinking problems. They don't seem "different," and they usually try to hide their illness, even from themselves. About one of every ten people who drink has a drinking problem.

Most alcoholics are skid row bums. Alcoholism shows no favorites. It is found among all classes of people. It has been estimated that only three to five per cent of all alcoholics live on skid row. Furthermore, it seems that only a minority of those living on skid row are alcoholics.

You're not alcoholic unless you drink a pint a day. There's no simple rule of thumb. Experts have concluded that how much people drink may be far less important than when they drink, how they drink, why they drink, and what happens to them when they drink.

Most alcoholics are middle-aged or older. A University of California research team has found that the highest proportion of drinking problems is among men in their early twenties. The second highest incidence occurs among men in their 40's and 50's.

Alcoholics are morally weak. Although there are still people who disagree, alcoholism has been medically and legally classified as an illness. Alcoholics are no more responsible for their drinking than tuberculosis patients are for their coughing.

All alcoholics drink in the morning. Although the craving for a morning drink is a common symptom among chronic alcoholics, there are those who don't display it. It is not when drinking occurs, but the lack of control over it when it does occur that defines alcoholism.

You can't become an alcoholic by drinking only beer. Even though the percentage is relatively low (2% - 5%), beer still contains the potentially addicting ingredient--ethyl alcohol. People who drink beer merely have to drink more liquid to get drunk than they would wine or whiskey.

Alcoholics drink every day. Some alcoholics drink only on weekends, some abstain for months. Alcoholism is not determined by how often people drink, but whether or not they can control their drinking once they start.

Women don't become alcoholics. Women do become alcoholics, but are not as likely to be diagnosed as such, since they are more easily camouflaged by the protective setting of the home. During recent years, the estimated ratio of men to women alcoholics has dropped from 6:1 to 3:1. The increase in the number of women alcoholics has been explained both as an increase in the willingness to be treated, and therefore "discovered," and as an increase in the actual number of cases.

I'm just a social drinker. Just because you never drink alone doesn't mean you can't have a drinking problem. Plenty of "social drinkers" become alcoholics.

The really serious problem in our society is drug abuse. Right. And the number one drug problem is alcohol abuse. About 300,000 Americans are addicted to heroin, but about 9,000,000 are addicted to alcohol. It's not even close.

C. ATTITUDES ABOUT DRINKING

He's no good; he's a drunk! Judging a person as good or bad by their behavior distorts, even cripples, an individual's potential to develop a healthy self image.

People who drink too much only hurt themselves. And their families, and their friends, employers, strangers on the highways and you.

Thank God my kids aren't on drugs! If they're hooked on drinking, they're on drugs. With nine million Americans dependent on alcohol, it's time we stopped pretending it isn't a drug. The kids' favorite drug is the same as their parents' favorite: alcohol.

"What a Man!" Still on his feet after a whole fifth. When we stop thinking it's manly to drink too much, we have begun to grow up. It's no more manly to over-drink than it is to over-eat. Often people who seem to be able to out-drink others are developing a tolerance for alcohol and become dependent on it.

Getting drunk is funny. Maybe in the movies or in jokes, but not in real life! Drunkenness is no funnier than any other illness.

All drinking is evil. It's not use but abuse of alcohol that is evil.

D. DRINKING PATTERNS

If the parents don't drink, the children won't drink. Sometimes, but the highest incidence of alcoholism occurs among offspring of parents who are either teetotalers or alcoholics. Perhaps the "extremism" of the parents' attitudes is an important factor.

E. HANGOVERS

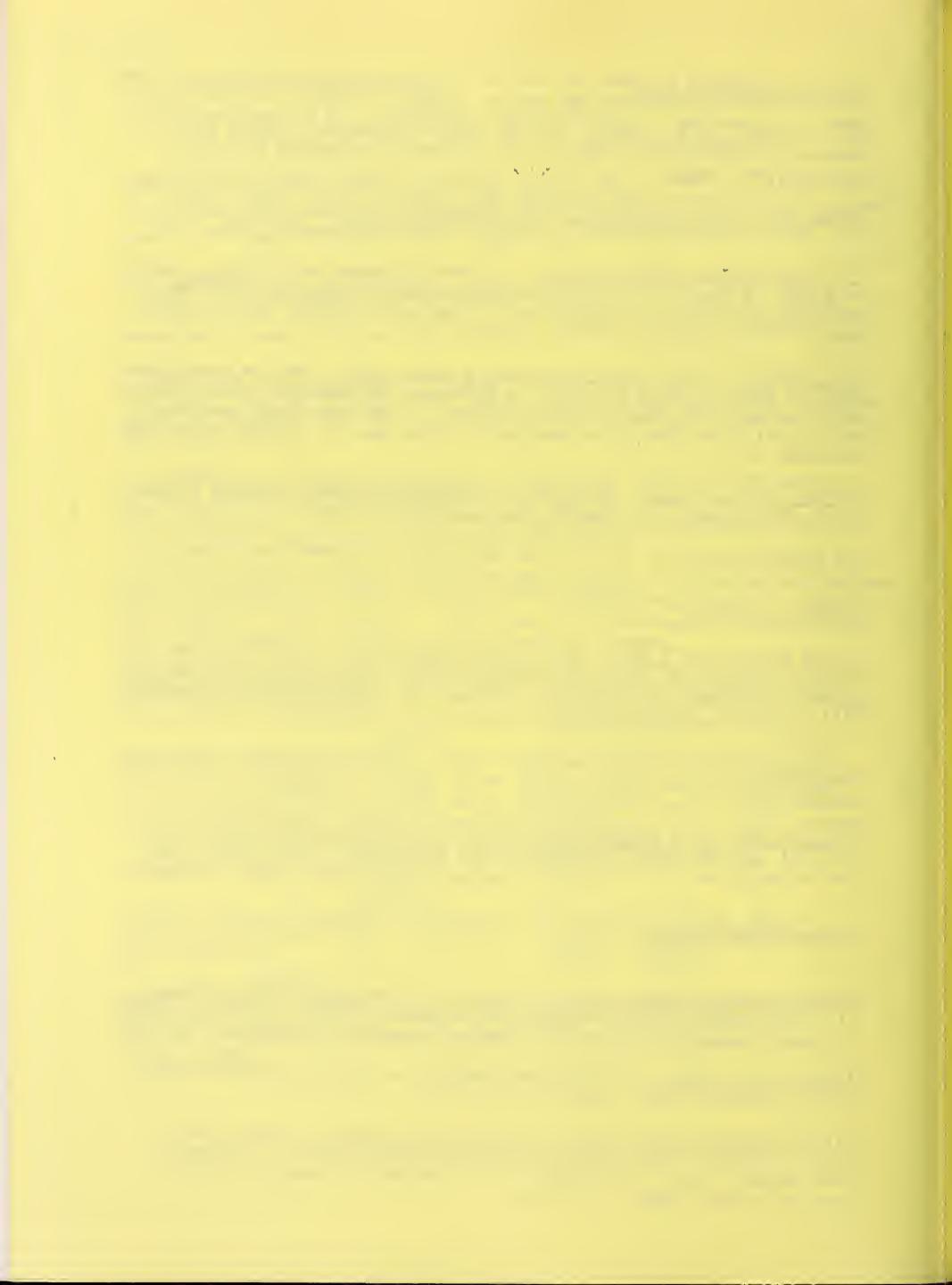
The best cure for a hangover is Everybody has a favorite, but they all have one thing in common: They don't work! What works? Preventive medicine. If you don't drink too much, you won't get a hangover.

F. PROPERTIES OF ALCOHOL

Alcohol warms the body. Alcohol makes the drinker feel warmer because it causes blood to rise to the skin's surface. However, when this happens, the body temperature is actually lowered because the surface heat is lost.

Alcohol cures colds. Although some symptoms of the cold might be temporarily relieved, alcohol does not cure colds.

Eating foods made with alcohol can cause intoxication. When alcohol is used in cooking, little remains in the food as the alcohol evaporates when heated. Even if the alcohol is not heated, not enough is used to have any effects except for taste.



Mixing drinks causes greater intoxication. Only the consumption of ethyl alcohol, the ingredient common to all alcoholic beverages, causes intoxication, not the mixing of drinks. A person may tend to consume more when there is a variety of drinks, but it is still only the total amount of ethyl alcohol that counts.

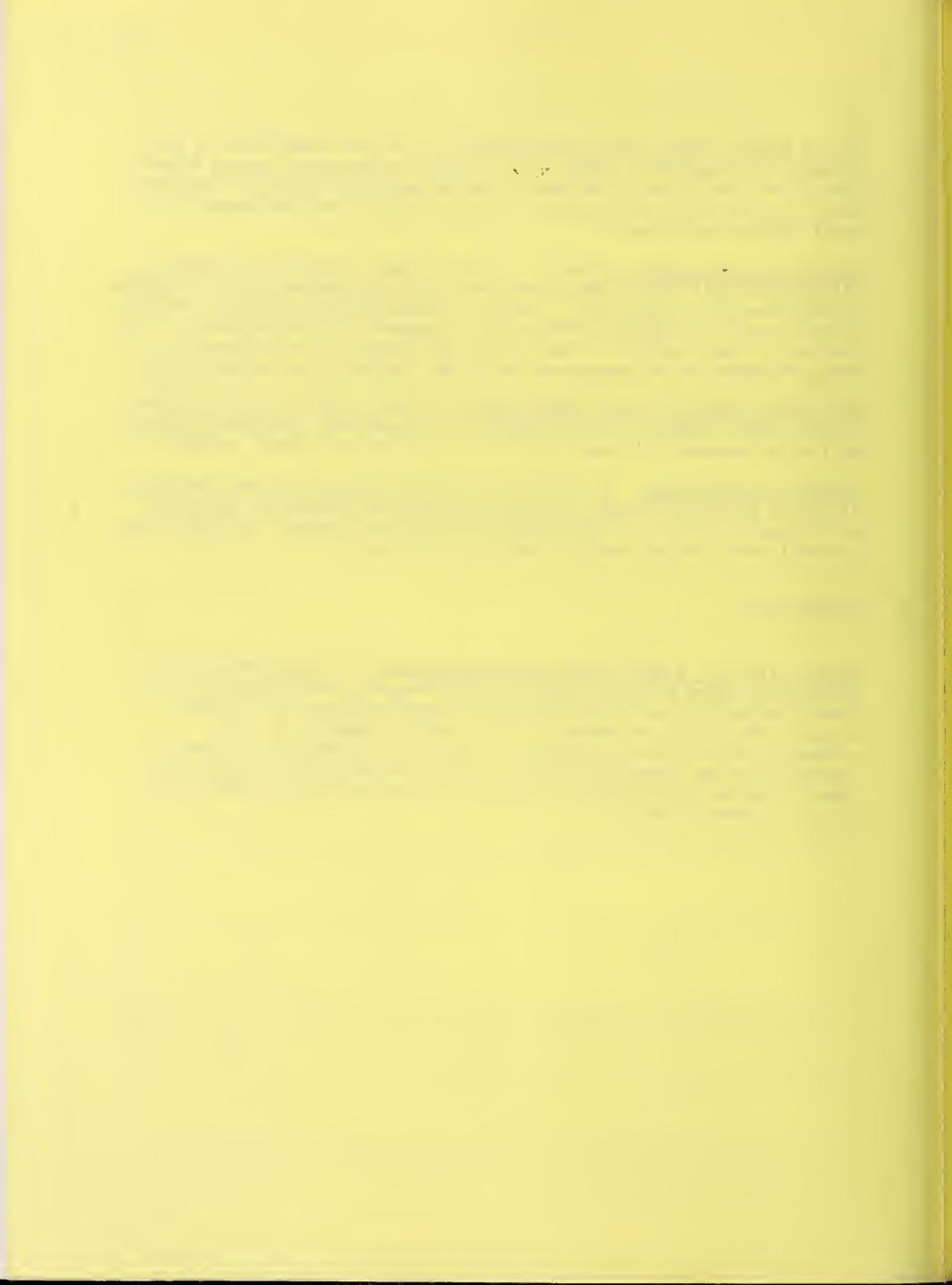
Alcohol is a stimulant. Alcohol is about as good a stimulant as ether. Although in small quantities, it may be initially stimulating or irritating, it is primarily a depressant. The first area of the brain alcohol affects is the area which regulates inhibitions, judgment, and self-control. It is the lack of such restraints that causes the apparently "stimulated" or uninhibited behavior and people may do things they might not otherwise do.

People are friendlier when they're drunk. Maybe. But they're also more hostile, more dangerous, more criminal, more homicidal, and more suicidal. Half of all murders and one-third of all suicides are alcohol related.

Alcohol is a medicine. It is true that alcohol was called the miracle of life when the distillation process was discovered around the fourteenth or fifteenth century. These claims never held up, however, and there are currently very limited medical uses for this drug.

6. SOBERING UP

Black coffee and a cold shower will sober you up. Alleged methods for sobering up range from hot coffee to cold showers, from fresh air to food. The only effect any of these treatments can have is to produce a wide-awake drunk. An awakened drunk, feeling sobered up, may attempt to perform tasks, such as driving, of which he/she is no more capable than the sleepy drunk. Time is the only method of sobering up. There is no way to increase the oxidation rate--the rate at which the body eliminates alcohol.



III. DECISION MAKING

Through a comprehensive approach to alcohol education, this project attempts to help young people make responsible decisions about alcohol and its use in their lives. People are faced not only with decisions of whether or not to drink, but also, if one decides to drink, when, where, how often, how much, etc., should one drink. A sample of alcohol-related issues requiring responsible decisions include:



- As the host, do you spike drinks?
- As the host at a party, do you push drinks on your guests?
- Do you let guests drive home from your party when you know they're in no condition to drive?
- Do you provide non-alcoholic beverages for people who choose not to drink?
- If you've had too much to drink at a party, will you stay at a friend's house, let someone who's sober drive, call a cab, or drive home anyway?
- If you drive to a party and know you must drive home, will you drink at all?
- If you or someone in your family has a drinking problem, will you seek help? When? Where?

The ability to make responsible decisions depends on various factors: knowing and practicing decision-making skills, understanding the influence of our feelings, emotions, values, attitudes and self-concept on our decisions, and our ability to cope. Each of these areas will be discussed separately.

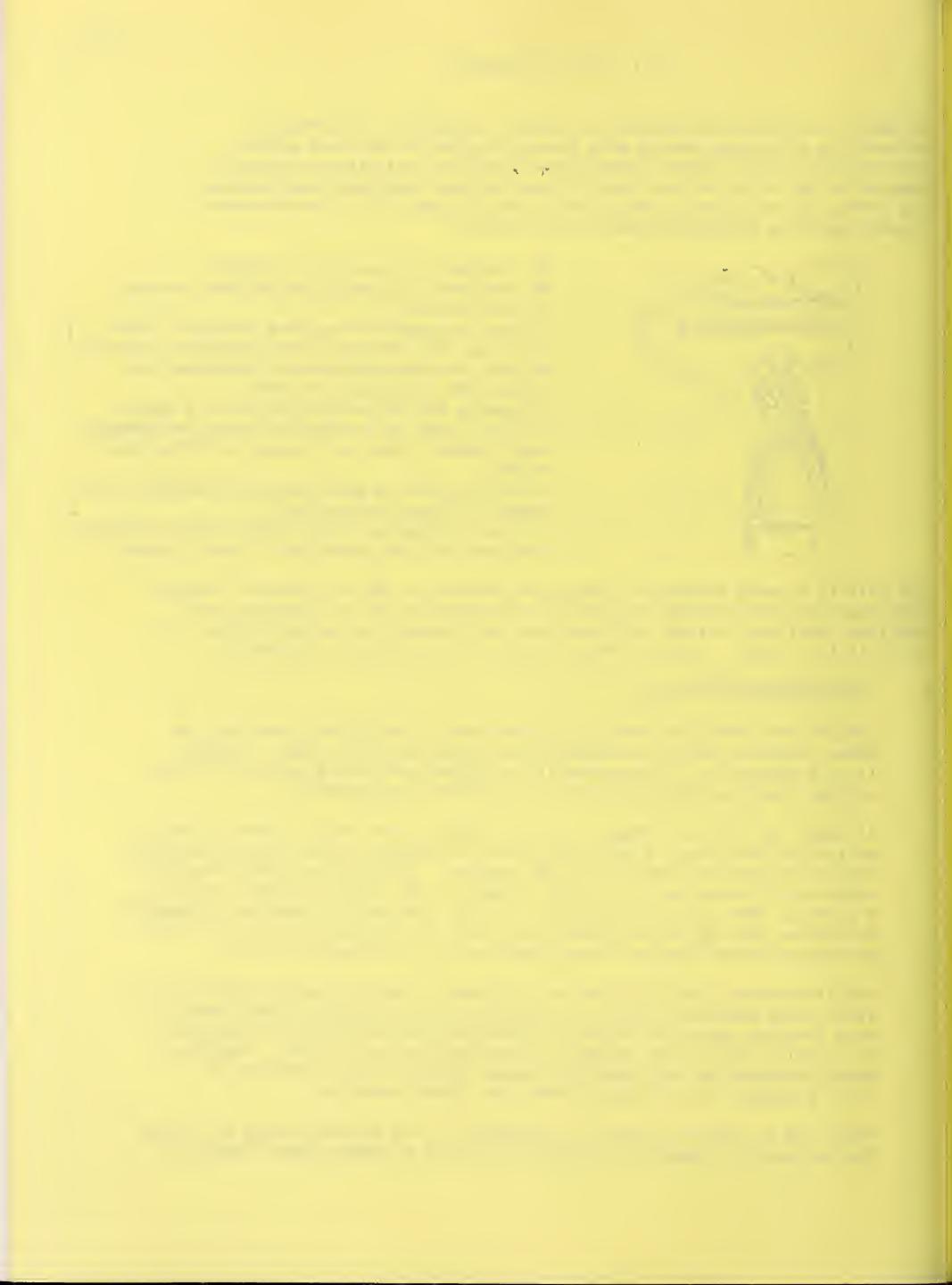
A. DECISION-MAKING SKILLS

People are faced with many life situations in which decisions must be made. Decision-making is something everyone does every day. Because it is a common act, it receives little attention until a person is faced with an important decision that has long-term consequences.

Although the schools attempt to help students learn how to make personally satisfying decisions, a major portion of a teacher's time involves developing information or supplying it to students. Although extremely important, obtaining information is only one segment of the decision-making process. A question that should be asked is, "If you are going to provide information to others, what do you want them to do with that information?" We should provide opportunities for young people to put information to use.

Decision-making can be defined as a process in which a person selects from two or more possible choices. A decision does not exist unless there is more than one course of action, alternative, or possibility to consider. If a choice exists, the process of deciding may be utilized. Decision-making enables the individual to reason through life situations, to solve problems, and, to some extent, to direct behavior.

There are no "right" answers or outcomes for the decision made, but rather the decision is judged on an effective use of a process that results in



satisfying consequences. There is, however, a "right decision" for each individual congruent with his/her present view of reality. This distinguishes decision making from problem solving. Problem solving usually identifies one best or right solution for everyone involved. Problem solving searches for the best answer but will not always give the right results!

Skillful decision-makers have greater control over their lives because they can reduce the amount of uncertainty in their choices and limit the degree to which chance or their peers determine their future. Two individuals may face a similar decision, but each person is different and may place differing values on outcomes. It is the individual who makes each decision unique. Learning decision-making skills, therefore, increases the possibility that each person can achieve that "which he/she values. Decisions also have limits. Each decision is necessarily limited by what a person is capable of doing, by what a person is willing to do, and by the environment in which the decision is being made.

Since decision-making is a process which can be carried out if an individual possesses certain skills, it is imperative that opportunities be provided by the family, school and community for individuals to acquire and utilize those skills: (a) data gathering, (b) organizing and analyzing data, (c) identifying alternative choices, (d) weighing the consequences (positive and negative) of each choice (e) selecting the most appropriate choice, and (f) evaluating the results of acting upon the selection made. Important to the development of these skills is the environment in which they are practiced. A non-judgmental atmosphere would seem most appropriate. Since there is no "right" answer, the person making a decision should be free to select from any of the choices available.

B. FEELINGS AND EMOTIONS

The emotions and pressures a person is feeling at any given time can strongly influence that person's ability to make responsible decisions. The individual must be aware of those emotions and pressures, as well as the feelings they create. Once the person understands the various emotions, he/she will be better prepared to recognize an emotion or feeling when it is experienced, and better able to identify the influence of feelings on his/her decisions. This is not intended to create persons who are emotionless in their actions. Instead, it can help people consider all of the factors which influence their decisions rather than acting purely on emotion.

The method of dealing with feelings in the classroom is selected by the teacher. The method which is chosen should reflect the attitudes of the community and the administration. It should also reflect the comfort level of the student and the teacher. Whatever methods are chosen should be non-threatening to all those involved, with the end goal being an improved ability to make responsible decisions under conditions of emotional pressure.

C. VALUES AND ATTITUDES

Values have been said to be deep, long-lasting commitments to a concept or doctrine that is highly prized and about which action will be taken in satisfying ways. Values give direction to life and may be considered to be

determinants of behavior.

The term values in this section is intended to mean the goals an individual has identified for him/herself. That process of identification is rarely a conscious effort to sort out all of one's attitudes and behaviors and then categorically state here are my values - 1, 2, 3, etc. More often, it is a matter of being aware that what one says and does, reflects the values one has unconsciously chosen for oneself. Therefore, the decisions a person makes are an indicator of the values he/she holds.

The learning activities section of this guide includes a number of valuing activities designed to help students to become aware of and clarify their values related to alcohol. Values clarification is a process which involves a series of strategies or methods for helping individuals identify their own values. This includes providing a variety of meaningful experiences and interaction with the environment. Experiences and interactions should be provided in the following:

Choosing:

1. Choosing freely - individuals should not be coerced and should have freedom of selection.
2. Choosing from alternatives - a variety of alternatives must be provided.
3. Choosing thoughtfully - consideration should be given to the consequences of each alternative.
4. Affirming - when something is cherished, it is publicly and verbally supported; doing something.

Prizing:

5. Prizing and cherishing - choice has a positive tone and is held in high esteem. A choice, even when having made it freely and thoughtfully, may be a choice one is not happy to make. One may choose to fight in a war, but be sorry circumstances make that choice reasonable. However, one prizes and cherishes the guides to life called values.

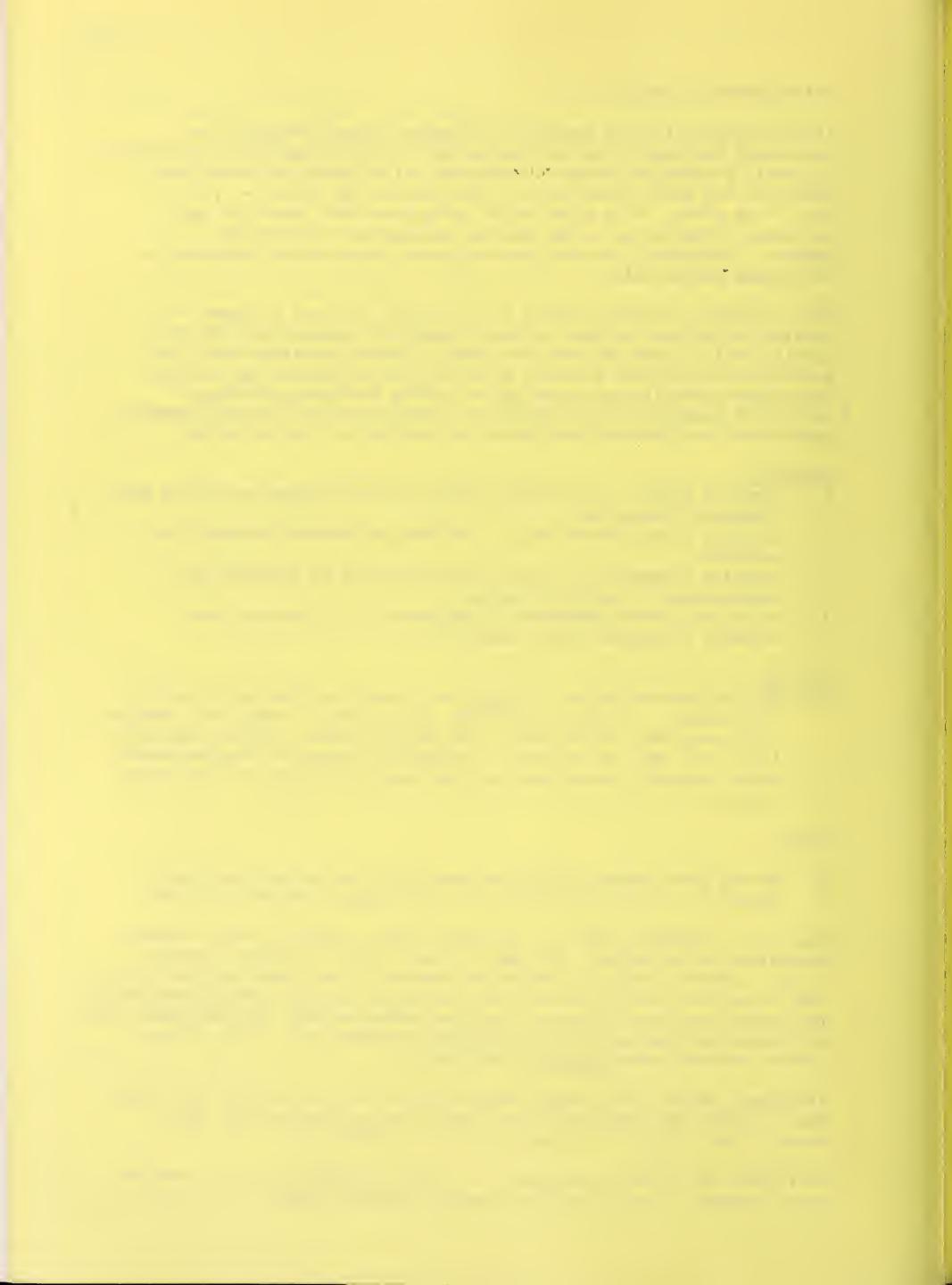
Action:

6. Acting upon choices - doing or practicing values one has chosen.
7. Repeating - persistence and endurance become a pattern of life.

The specific methods used will vary with every class and every teacher. Regardless of the method, the key is always helping students identify in what direction they are headed and whether or not they feel good about that direction. When students find themselves feeling uncomfortable with the values they hold, they must be given opportunities to investigate ways to change those values and the corresponding behaviors. This is more clearly defined under practice (section F).

Attitudes, on the other hand, are more short term in nature than values. They are feelings that people have about issues, people, etc. that usually play a role in influencing people's decisions.

Attitudes can be the predecessors to values and usually their impact on one's behavior is less than the impact values may have.



D. COPING SKILLS

Coping is the ability to fight or contend successfully or on equal terms. It also might be stated as the ability to deal with problems.

Learning to cope with life's problems is dependent on and interrelated with knowledge of self, decision-making skills, ability to clarify values and an ability to relate to others. In addition to these skills, there are other specific skills that can be classified as coping skills. They are as follows:



1. Admitting a problem exists and facing it: A person cannot begin to cope with a problem or situation without first recognizing the problem or situation does in fact exist.
2. Defining the problem and who owns it: A person attempting to cope with a problem must first identify what he/she is attempting to cope with and they decide if the problem is his/hers, or belongs to others, or is a shared problem.
3. Listing alternative solutions to the problem: A basic step in decision making, problem solving and coping is to identify what alternatives are open to a person in a situation.
4. Predicting consequences for oneself and others: Once alternatives are identified, it is important to weigh the potential consequences involved in each, and then rank them in order of preference.
5. Identifying and consulting sources of help: One should consider what sources of help are available to aid in generating or carrying out alternatives. In order to do this, the person involved needs to have some knowledge of the resources available or how to find them.
6. Giving help to others when needed and wanted: The key words in this statement are needed and wanted. Help can only be effective when these two criteria are met.
7. Experimenting with a solution and evaluating the results: If the decision did not provide satisfactory results, another alternative can be tried. Evaluation of results also allows people to keep track of their ability to come up with satisfying solutions.



the same time, the number of species per genus was higher than the number of genera per species.

The results of the present study indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

The results of the present study also indicate that the number of species per genus was higher than the number of genera per species. This finding is in agreement with the results of previous studies (Korolev et al., 1997; Kostyleva et al., 1997).

E. SELF-CONCEPT

Self-concept is defined here as the total perception an individual has about him/herself. That is, being able to answer the questions, "Who am I?" and "Who am I in relation to others?"

Self-concept is enhanced when the individual has a strong, positive feeling of belonging and a sense of worth. These things can be fostered by providing activities which focus on various themes including:

1. A person recognizes there are many individuals, yet realizes he/she is unique.
2. A person feels loved and can love.
3. A person is able to recognize and cope with his/her feelings and emotions.
4. A person can function in a group, yet is also comfortable being alone.
5. A person likes to and is able to do many things.
6. A person is able to successfully relate to the world about him/her.

We are all interested in ourselves. Realizing this, educators recommend that activities in school be related to the life experiences of the learner to maximize the efficiency and effectiveness of the learning process.

The question of the appropriateness of oneself as a topic of study within the school setting, however, remains. Since one behaves based on one's perceptions of reality rather than upon reality itself, one's perceptions of oneself will determine many health-related behaviors. For example, a person who is comfortable with him/herself will be better able to make a decision in the face of peer pressure on whether or not to drink and be less influenced by that pressure than a person with a poor self-concept.

As a result of the process of education, every student should feel that he or she is an important and worthwhile individual. At the same time, students should realize that they are not perfect and that change can be a very positive thing. Students should be able to identify both their strengths and weaknesses, while understanding that there may be limitations to what each person can achieve.

Within the context of the classroom, the teacher and the students should help each other realize the strengths they possess. Individuals should attempt to develop positive ways of interacting with other members of the class. Students in the class should feel free to ask questions, state their opinions or make observations without fear of reprisal, condemnation or ridicule. Similarly, students should feel free to be themselves, realizing their relationships within the class and respecting the rights and privileges of others. At all times, students and teachers must be sensitive to the feelings of each other. Every effort should be made to be positive when dealing with other people. Criticism can become an important part of the classroom environment when it is intended to be constructive rather than destructive.

As students begin to develop strong, positive self-concepts their abilities to make responsible decisions will improve. They will be better prepared to make decisions in their own best interests and in the interest of their fellow human beings.

F. RISK-TAKING

It is human to seek more from life than merely remaining alive. There is a never-ending search for satisfaction in living. As we seek answers to the questions about what will bring us satisfaction we do not have absolute answers. Therefore, there is an element of risk in each decision we make about living.

We cannot live without "taking chances." But as intelligent beings, we should be able to weigh possible injury or loss against possible gain and decide whether a risk is worth it.

A study of risk-taking behavior indicates that taking chances is closely tied to an individual's skills in using the decision-making process. Personal values also determine how willing the individual is to take risks.

There are four kinds of risks according to Druker:

- the risk one must accept
- the risk one can afford to take
- the risk one cannot afford to take
- the risk one cannot afford not to take

G. PRACTICE

To quote a familiar saying, "Practice makes perfect." Decision-making is no exception. Although perfection may never be achieved, practice can help the individual develop his or her decision making skills.

We all make a large number of decisions each day, which may range from very trivial to very major. In every case, the skills of decision-making can be put to use either consciously or unconsciously.

In the decision-making process, students should become aware of the steps which include:

1. Defining the Problem - What is the problem? Who's problem is it? Who is being affected?
2. Alternatives - have all possible alternatives been honestly considered?
3. Consequences - for each alternative, have all the possible consequences been honestly considered?
4. Cost-vs-Benefit - have all the consequences been honestly compared with each other?
5. Deciding - was the decision honestly made based on the steps 1-3?
6. Evaluation - what were the results of that decision?
7. Reconsider - should a new decision be made?
8. Steps 5 and 6 should be repeated when needed.

In school students can be given a wide variety of opportunities to discuss how these elements have been used in the past or actually putting them into use in other types of classroom activities.

H. CONCLUSION

Teachers can continually provide students with experiences which encourage them to incorporate the elements previously described into their own decision-making process. The process should be applied to a variety of different levels, ranging from major to minor decisions. This ability to practice will assist the student when faced with decisions to make outside the classroom.

The environment within the classroom is critical to the effectiveness of a comprehensive alcohol education program. How students interact with each other and the teacher will determine to what extent they will benefit from the classroom activities. Discussions of feelings, values, decisions and self-concept are likely to touch on areas that are very important to each student. The teacher and students must always keep in mind that each person has the right to his/her feelings and values, and that in many instances, there may be no "right or wrong" answers. Each person also has the option to "pass", that is, to choose not to share his/her feelings with others. The teacher must be especially careful about how he or she responds to students' comments and questions. If students feel that the teacher or other students will put them down for what they feel or believe, then they will seldom express their feelings and beliefs, thus missing an important part of the learning process.

Information, feelings, values, self-concept and decision-making must be dealt with repeatedly, beginning in most cases at the elementary levels. These five topics must also be considered in relation to each other. Each factor influences the others and the interrelationships must always be considered. As a result of the process of education, students should have a better understanding of the decisions they make and the factors which influence those decisions. That understanding should enable them to make more responsible decisions in the future.



IV. HISTORY

A. THE BEGINNING

There are many stories about how alcohol was first discovered by man. No one really knows when the discovery was actually made. We do know, however, that alcohol existed on earth long before people were here to decide whether to use it or not. Alcohol can form naturally. All it takes is sugar, water, and yeast. These ingredients were available on earth over two hundred million years ago.

The use of alcoholic beverages by humans has been recorded from as early as the Neolithic period, which began at least ten thousand years ago. Scientists speculate that someone left an unused portion of wild berry juice or mash in an uncovered bowl and went hunting. Meanwhile, yeast fell from the air into the juice and acted on the natural sugar to form alcohol. The berry juice fermented into wine. When the hunters returned, and tasted this bowl of juice-turned-wine, they experienced the first intake of alcohol in the history of the human race.

The point of this story is simply that, as far as we can determine, alcohol has been with us for a long, long time. Fermentation is a simple and entirely natural process and was probably the earliest known method of producing alcohol.

B. EARLY CIVILIZATION

As civilization developed so did the making of various forms of alcoholic beverages. The making of the beverage alcohol held great significance in these early societies.

Fermented beverage, whether grape wine, palm wine, or one derived from whatever the land might furnish (cereals, grains, fruits, or flowers) was put to many uses, not the least of which was as a dietary adjuvant. In the struggle for survival, men learned from experience that these beverages had more than nutritional value. They made the water more potable, as well as safe; they were effective medicines; and they could be relied upon to ensure the tranquility essential to a state of well-being. The more intellectual and more cultural people used fermented dietary beverages with temperance and moderation, permitting themselves more liberal digressions only as prescribed by tradition and religious beliefs.

In the primitive polytheistic religions of early civilizations, wine played an important role--its use as well as its abuse being rigidly defined. Wine had universal acceptance in libations, some civilizations requiring natural wine, others a mixture with blood, while still others permitted the addition of spices and aromatic substances. In fact, so strong was the symbolism of wine that it retains its aura of romance and unfathomable mysticism to this day.

Aside from its role in religion, wine--or any other fermented beverage--was an element of significance on all festive occasions: at banquets and at birth, marriage, and death celebrations. On these occasions, too,

its use was carefully prescribed. In the symposium, the consumption of wine was defined by a tradition which required strict adherence. On certain occasions, especially in the religious festivals and often in celebration of a military victory, wine was used to the point of excess.

Another important use of fermented beverages was in medicine--mainly for its intrinsic values as a diuretic, a tonic, or as a sedative, and often as an agent to carry other medicinal substances. It was the only reliable medicinal menstruum available to the ancients, and in this guise it has persisted to this day, at times with stealth, unfortunately. Wine was also used to seal agreements and as a form of currency for paying for goods and services.

Primitive man, there can be no doubt, drank hard, but the time, the place, and the manner of his drinking seem always to have been rigidly determined by custom. In almost every instance individuals did not drink alone.

The casual use of alcohol, like the individual inebriate, is a product of civilization. Drinking places, or taverns, began to appear as early as the Mesopotamian civilization. As this casual drinking increased, so did the concern about drinking behavior. Records indicate that Mesopotamia had regulations for the operation of the taverns. There were also formalized ways of dealing with intoxication.

Various forms of control were tried in these early civilizations when it became evident that some people would drink to excess outside of the accepted times and places. Most controls, however, still fell into the realm of moral or social sanctions. Temperance was the main theme. At this point in history, it should be noted that temperance meant moderation, rather than abstinence. China recognized very early that to prohibit the use of alcohol or to secure total abstinence from the use of it was, ". . . beyond the power of even sages."

C. CHANGING PATTERNS

As civilization became larger and more complex, alcohol consumption patterns began to change. One of these changes was more freedom from the rigors of work. Rome was an advanced civilization which provided an environment of relative leisure, orgy, and extravagance. Wine was still used in festivals, religious rites, and for medicinal purposes, but excessive use and use for pure personal satisfaction became the rule rather than the exception.

Another change occurred as a result of advanced technology. As scientists and medical researchers explored new ways to cure human ills, it was only inevitable that new ways would be found to "improve" wine. Although distillation was probably discovered in Western Europe by this method around A.D. 800, it may have existed centuries earlier among Arabs and Chinese. It was around the end of the thirteenth century that the liquor resulting from distillation really gained a new level of importance. Arnaldus de Villanova, a professor of medicine at the University of Montpellier refined the process of distillation and proclaimed his discovery (aqua vitae) as the savior of mankind. "It was the philosopher's stone, the universal panacea, the key to everlasting life."

It became a matter of time before other forms of hard liquor would be discovered. As man learned more about the world around him, he also learned more about making alcohol. Distillation brought in many delectable "liqueurs" which were flavored by the fermented fruit juices from which they were obtained. At the monasteries, many such liqueurs were developed with intricate combinations of health-giving herbs, in a further effort to obtain desired medicinal effect.

D. COLONIAL AMERICA

The history of the use of distilled liquor in the United States begins at the very first colonization of the continent of North America. Most authorities agree that none of the Indians north of Mexico knew distilled alcoholic drinks prior to the arrival of Europeans in the 16th and 17th century. The Puritans who settled the Massachusetts Bay Colony brought with them attitudes and beliefs from the old country and did not prohibit drinking but punished severely, with 'dunking' or flogging, citizens who were found to be inebriated, particularly on the Sabbath.

Early explorers and traders commonly offered alcohol to Indians and Eskimos as a sign of friendship. However, as competition for furs increased, the more unscrupulous traders found that the desire for alcohol led some Indians to give up their most valuable possessions in exchange for drinks.

By 1800, alcoholic beverages had become a basic part of the economy of the United States. In 1794, the individuals who owned the distilleries led a revolt in western Pennsylvania (known as the Whiskey Rebellion) when the government, during the second administration of George Washington, attempted to place a federal excise tax on whiskey produced for sale.



Another important aspect of alcohol production in the United States was its link with the slave trade. Before the Revolution, New England merchants bought sugar from the French sugar-producing islands in the West Indies. They converted the sugar to rum by distillation and used the rum to trade for slaves on the African coast. The slaves were then imported

to the United States at a good profit. This became New England's largest and most profitable industry. This lucrative 'triangular trade' was ended when the British imposed the Sugar Act, which forced the colonial merchants to trade at less profit with the British West Indies sugar growers.

E. TEMPERANCE MOVEMENT

Along with the acceptance of alcoholic beverages as a household item and a commodity in the national economy came a growing suspicion that alcohol, particularly in the stronger distilled forms, rum and whiskey, was involved in some social, health, and moral problems. As had occurred in earlier civilizations, temperance groups were formed to convince people to be moderate in their use of alcohol. The early groups were generally religiously affiliated and were dedicated to the thesis that any abuse of the body was sinful. They did not try to eliminate the use of alcohol, only the excessive use of this substance.

In the 18th and 19th century, several Indian leaders advocated for all Indians, a return to the old ways, including total abstention from alcohol. Other temperance groups began to require pledges asking people to refrain from the use of all alcoholic beverages, including wine and beer. This change led to a problem of the interpretation of the religious implications of alcohol over which some groups have been divided ever since. Some sects taught that any use of alcohol is wrong; others taught that alcoholic beverages are from the fruits of nature and therefore basically good and that it was the abuse, not the use, of alcohol which was evil.

One possible outcome of this movement came in 1832, when Congress passed the first general statutory prohibition on liquor traffic based on the constitutional authority of Congress to regulate commerce with the Indian tribes. The law, expanded over the years, covered sale, gift, transportation, and possession of liquor on reservations or sometimes adjoining Indian land, without regard to state boundaries.

Between 1874 and 1920 the country experienced a tremendous growth in the temperance (by now, the prohibition) movement. It was during this period that the physiological effects of alcohol were being questioned. Many kinds of experiments were conducted throughout the civilized world to discover the properties of alcohol. These findings gave further impetus to the temperance or prohibition movement whose original emphasis had been essentially religious. A possible outcome of this movement came between 1882 and 1902, when all the states of the Union passed statutes which required education about alcohol and its effects to be taught in the schools.

F. PROHIBITION

The culmination of the temperance movement was the drive toward legal prohibition. In 1874, the Women's Christian Temperance Union was founded in Cleveland, Ohio, and, under the leadership of Mary H. Hut and Frances L. Willard, worked for many years for complete prohibition. Between 1874 and 1919, 33 states adopted prohibition of some kind. On January 16, 1920, the 18th Amendment to the Constitution was declared law, and 177,000 saloons, 1,247 breweries, and 507 distilleries in the United States were closed.



To a very considerable extent the Eighteenth Amendment was a wartime legacy. It was submitted early in the war when the expansion of national powers was at its peak. It was regarded by many who voted for it as a war measure necessary for the saving of food and manpower. It was ratified hastily by the legislatures of three-fourths of the states under the pressure of wartime psychology, which tended to identify prohibition and patriotism, and without opportunity in any instance for a popular referendum on the subject. Furthermore, the amendment, while forbidding the manufacture, sale, and transportation of intoxicating beverages, conspicuously failed to brand their purchase or use as illegal. Full ratification was achieved by January, 1919, but as a concession to the liquor interest, the amendment delayed the actual inauguration of prohibition for one year. Congress and the several states were given concurrent responsibility for enforcement, by the Volstead Act of 1919. The states particularly in the "wetter" areas left to the national government the principal task of enforcement.

By the time Harding became President, prohibition had been the law of the land for over a year, and the difficulties it entailed were painfully apparent. People who wished to drink had no notion of being deprived of their liquor. It became the smart thing to drink, and many who had been temperate in their habits before were now moved to imbibe freely as a protest against the legal invasion of their 'personal liberty.' Statistics as to the effect of prohibition on liquor consumption and drunkenness were manufactured freely by both wets and drys. These statistics were almost entirely worthless, however, since they had little impact on either sides' thinking. All that is certain is that the demand for liquor still existed and private enterprise, although in this instance working outside the law, showed great efficiency in meeting the consumer's demand. The sources of supply included liquor manufactured for medicinal purposes, importations brought in by rumrunners, revitalized near beer, more or less renovated industrial alcohol, unfermented grape juice that had somehow gathered potency, and the produce of innumerable stills and breweries. Bootleggers, already experienced in their business thanks to prohibition laws in some twenty-six states, got the liquor around. Inevitably the enormous profits from this illicit trade led to fierce competition, in which the richer and more ruthless operators triumphed. Bootlegging became big business, and the survival of the fittest left a few successful entrepreneurs, surrounded by their private armies in complete control.

Even before the Eighteenth amendment went into effect, antiprohibition forces began to form. By the late 1920's the Association Against the Prohibition Amendment, The Moderation League, and other antiprohibition societies appeared. State referendums and Literary Digest polls revealed that these opposition organizations were at least reflecting, if not actually creating, a steadily growing sentiment for repeal of the 18th Amendment.

As President, Hoover had to face up to the pledges he had made during the 1928 campaign. One of them, stated in his acceptance speech, had called for a 'searching investigation' of the prohibition situation, both as to 'fact and cause.' The eleven-member Commission on Law Enforcement and Observance, which he appointed late in May, 1929, left few aspects of the subject unstudied. In its final report, submitted January 20, 1931, the Commission branded prohibition enforcement as a failure, noted the increase in corruption that had accompanied it, deplored its undermining of law enforcement generally, and regarded with alarm its demoralizing effect on the federal judicial system. Two commissioners favored immediate repeal, and seven favored revision with the ultimate goal of national and state controls. The report, whatever its authors meant to recommend, revealed fully the existing discontent with prohibition and the need for decisive action.

Just as the Eighteenth Amendment was the child of the First World War, so its repeal was the child of the Great Depression.

In prosperous times the voters could tolerate the inefficiency of prohibition, make jokes about it, and let it ride. But with the advent of depression its every fault was magnified, and the best jokes turned stale. Hoover did what he could to enforce prohibition. He reorganized and enlarged the Prohibition Bureau, transferred it to the Department of Justice, and placed its personnel under civil service. But federal enforcement without state and local support was still a failure. In those localities, mostly rural, where public sentiment favored the law and supported enforcement, it was enforced; elsewhere it was the same old false pretense as under Harding and Coolidge. Eventually Hoover, who hated the saloon and deplored intemperance as much as anyone, made up his mind that the Eighteenth Amendment would have to go.



Both political parties took anti-prohibition stands in the 1932 presidential election campaign. Roosevelt spoke out strongly against it. Hoover's reluctance in making his decision may have cost him dearly. Roosevelt swept into office in a landslide. The National Prohibition party polled only a few thousand votes. In February, 1933, shortly after the Democrats took control of Congress, a resolution proposing repeal of the Eighteenth Amendment was passed. By December 5 of the same year, 36 states had ratified the Twenty-First Amendment and Prohibition was ended.

G. ALCOHOL USE IN THE UNITED STATES TODAY

After prohibition it became necessary for the states to set up administrative machinery to control the manufacture, sale, and distribution of alcoholic beverages. Twenty-nine states have developed a process for open licensing. This means that the state issues licenses to private firms who sell alcoholic beverages. Seventeen states, including Washington, are classified as monopoly systems because they buy and sell liquor through their own stores.

Another form of control being used by all states is taxation. The original intent was to make liquor expensive enough to keep consumption down. There seems to be some indication that taxation has become such a lucrative source of government revenue that consumption is actually being encouraged so that revenue will not decline.

Our heritage of customs and traditions from civilizations past has made it difficult for governmental agencies to control alcohol use regardless of the methods used. Today, because alcohol is our most socially acceptable drug, people tend to forget that it is also our most widely abused drug, ranking far ahead of marijuana as one of this country's major social problems.

It has been estimated that there are approximately ten million alcoholics in this country. There are numerous costs associated with alcoholism and problem drinking in this country. Some examples are:

- 25 billion dollars spent for medical expenses, accidents, lost working days, wrecked lives and broken families
- 50 per cent of the fatalities in auto accidents are alcohol related
- 25 per cent of the falls, burns, and other accidents that occur in the home and in hunting, boating, swimming, private flying, and skiing accidents are caused by use of alcohol.

Read the chapters: "Effects of Alcohol" and "Alcoholism" for further information on the costs of problem drinking and alcoholism.

V. INDUSTRY

I. MANUFACTURE OF ALCOHOL

A. Types of Alcohol

The alcohol used in beverages is termed grain alcohol, or ethyl alcohol, the latter being its chemical term. There are several other kinds of alcohol. The most common is termed wood alcohol, its chemical name being methyl. It is obtained by heating wood in a closed container. The resultant vapor is condensed into a liquid, hence the name wood alcohol. It is highly poisonous. When used as a beverage, death or blindness may result.

There is also denatured alcohol. This is a term applied to ethyl alcohol which for industrial purposes has had added to it methyl alcohol, benzine or other substances. These materials render the alcohol unsuitable for beverage purposes but do not interfere with its use in industry.

Ethyl alcohol has very wide and valuable utilizations in industry. Some of these uses are: as a solvent and in drugs, flavoring extracts, perfumes, hair tonics, shaving lotions and various cosmetics. It is a source material from which plastics and certain synthetics come.

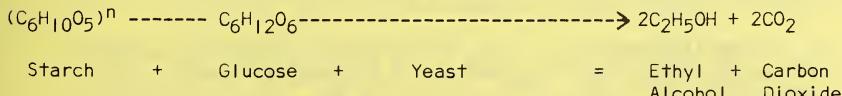
It is also a source from which are produced chloroform, ether, ethylene and vinegar. It is used in the preparation of soaps, dyes, imitation leather, explosives, celluloid and photographic film. On account of its low freezing point, it is used as an anti-freeze in automobiles.

Being highly inflammable and combustible as a vapor it is valuable for heat and light and may be used instead of gasoline, though methyl alcohol being less explosive, is generally used for these purposes.

B. Production Methods

Ethyl alcohol is commercially produced by the fermentation process using such microorganisms as yeasts and bacteria. The fermentation of starch and sugar with yeast gives ethyl alcohol and carbon dioxide as follows in a simple equation:

Fermentation



Most of the ethyl alcohol produced commercially by fermentation is made from the 'blackstrap molasses' that remains as a residue at the sugar refineries after the crystallizable cane sugar has been removed from the cane sap.

There are two kinds of alcoholic beverages produced initially by fermentations: (1) nondistilled beverages and (2) distilled beverages.

1. Nondistilled beverages - this category includes wines, beer, ale, hard cider, etc. The concentration of alcohol in wine ranges from 10 to 22 per cent by volume, being between 12 and 14 per cent in most wines. Wines are fermented fruit juices. Usually, dry wines have only slight traces of sugar left in them following fermentation. Sweet wine (or "pop" wine) contains from 2 to 15 per cent sugar added after fermentation is complete. Higher concentrations of alcohol in wine (called fortified wines) are secured by adding brandy or wine spirits at the time of commercial bottling. Sparkling wines, such as champagne, contain greater quantities of carbon dioxide. They are dry and contain about 12 per cent alcohol.

American-made beer usually contains from 4 to 5 per cent of alcohol by volume, and from 3.2 to 4 per cent by weight. Ale, like beer, is a malted beverage and contains from 6 to 8 per cent alcohol by volume. Both beer and ale are produced by yeast fermentation of prepared 'wort' from the flour of small grains like wheat and barley. Thus, the term 'grain alcohol' came into use.

Hard cider or apple wine is produced by the yeast fermentation of sweet apple juice. Most apple wines contain from 5 to 10 per cent alcohol by volume.

2. Distilled beverages - a class of beverage 'spirits' that include whiskey, brandy, rum, gin, vodka, etc.

Whiskey is made from the liquid portion of the fermentation tank, called 'distiller's beer.' This liquid is distilled in a simple still to produce raw whiskey. Most raw whiskeys are made from cereal grains and when properly distilled yield from 60 to 80 per cent alcohol by volume. Raw whiskey is then aged in barrels to improve the flavor and then bottled. The "proof" designation on the label indicates the alcohol content (e.g. 80 proof = 40% alcohol by volume).

Brandy, or cognac of French derivation, is made by distilling wine. It contains from 40 to 50 per cent alcohol by volume. Brandy is aged in wooden casks like whiskey and has some traces of methyl (wood) alcohol in it.

Rum is a beverage distilled from molasses derived from sugar cane. It usually contains higher levels of alcohol than whiskey.

Gin is made from neutral spirits (ethyl alcohol) and water. Juniper berries and orange peel are added to the mixture for flavor. The mixture is either distilled or simply strained. Gin is usually 80 to 100 proof.

Vodka, like gin, is a mixture of neutral spirits (ethyl alcohol) and water. Much of the commercial source is 100 proof.

It is important to note that when used in the usual manner, the volume of alcohol in one drink is equal for distilled and non-distilled beverages.

<u>Beverage</u>	<u>Average Drink</u>	<u>Pure Alcohol</u>
Distilled spirits:		
Whiskey	Mixed drinks	1/2 ounce
Brandy & Liqueurs		
Rum		
Gin		
Vodka		
Nondistilled beverages:		
Wine (including "pop" wines)	one 3-1/2 ounce glass	1/2 ounce
Beer	12 ounce bottle	1/2 ounce

II. USES OF ETHYL ALCOHOL

The alcohol of greatest concern in our lives, socially, psychologically and physically is ethyl alcohol. Ethyl alcohol is and has been used for a variety of reasons in our society: Religious, medicinal, culinary, social and celebration. A brief discussion of each is included below:

1. Religious - many religious groups use alcohol, usually wine, during ceremonies and special occasions and do not discourage the responsible use of alcohol by their members. Among these groups are Catholics, Episcopalians, Lutherans, some Presbyterians, and Congregationalists. At the same time other religious groups prohibit the use of alcohol by their members, e.g. the Mormons, most Baptists, the Methodists, the Seventh Day Adventists, and the Jehovah's Witnesses. When discussing the use of alcohol one should be aware of religious differences and take time to discuss them.
2. Medicinal - in the past, alcohol has been used for a variety of medical problems. Most of these uses have been discontinued in lieu of better medical techniques, procedures, and medications. Today alcohol may be prescribed by a physician to aid in relaxation or circulation, but has very limited medical application.
3. Culinary - Various wines and liqueurs have been used for centuries in the preparation of many foods: e.g. beef burgundy, chicken cacciatore, creme de menthe over ice cream, rum balls, fruit cake, etc. Although these foods do contain ethyl alcohol, it is usually used in very small amounts for flavor and has little or no effect on people consuming the food.
4. Social - the reasons for drinking socially and the situations where social drinking takes place are too numerous to mention here. However, it is important when teaching about the uses of alcohol to differentiate between social use and abuse of the drug. In our society we generally accept the social drinker. As long as people

drink in a responsible manner, their drinking is considered appropriate. If the drinking is irresponsible, that is, injurious to the individual or society, it should be identified as problem drinking and discussed in that context.

5. Celebration - for many people in our society it is traditional to have a drink or to use alcohol on some occasions such as: weddings, graduations, holidays, new jobs, wakes, closing a business agreement, etc. It should be noted that this is only considered responsible drinking if the drinking is not excessive.

III. MARKETING ETHYL ALCOHOL

A. Competition and Advertising

As in all industries, producers and distributors in the alcoholic beverage industry vie with each other for the buyer's dollar. In addition to the usual marketing practice, competition operates within three limitations which are unique to the industry. Two of them apply to liquor advertising, which is stringently regulated by both government and by the industry itself. The third is in the area of price control.

From state to state and from community to community there are wide variations among the governmental restrictions on advertising alcoholic beverages. Frequently prohibited are advertisements containing scenes of drinking and athletic events. Billboard advertising, window displays, and prize contests are not allowed in some localities. However, within local, state, and federal regulations, the alcoholic beverage industry spends about 4.5 per cent of its total income on advertising.

In accordance with controls imposed on members by the industry itself, distilled liquors are not advertised on radio or television. Beer and wine, however, do use these media. Perhaps as a carryover from the prohibition era, the alcohol industry is watchful of its advertising, because it aims to create and maintain a favorable public image.

The same techniques of persuasion are used for alcohol ads as for other products. Many of these common techniques are explained below:

1. Testimonial. An important person may testify that he/she has used a product. The buyer thinks, "If that person uses it, it must be good." The person may actually know nothing about the quality of the product.

2. Appeal to the senses. Pictures or sounds are used to appeal to the senses. The buyer begins to 'taste' and is motivated to buy.

3. Transfer. A good-looking, sociable, sexy or well-dressed man or woman may sell the product. The buyer associates the product with someone good-looking or admirable and imagines that by using the product he/she will become like that person.
4. Bandwagon. Language may be used that suggests that 'everyone' or 'all the people' are doing it or using it. The buyer doesn't want to be left out, or does not want to appear 'out of it,' and so buys the product.
5. Plainfolks. An ad may show an average person recommending the product, so the average buyer identifies with that person, takes the advice, and buys the product.
6. Glittering generality. An ad may use words like 'best,' 'your first one's never your last one,' 'the only' and 'great.' The claims have no substantiation in fact, but because buyers are bombarded with words that have positive associations, they receive positive impressions of the product.
7. Appeal to romance or fantasy (similar to transfer). White knights, green giants, skilled super athletes may be featured in a commercial. Unreal features and powers are attributed to the product but the buyer associates these powers with the product anyway.
8. Humor. People tend to remember or at least have a positive association with an ad that makes them laugh; when they remember the ad, they think of buying the product.
9. Statistics. Buyers tend to be impressed by statistics. Ads may leave out contingencies or variables such as who conducted the study or what kind of people were polled.
10. Cardstacking. Ads may give one-sided portrayals of their products. Only the beneficial aspects are mentioned, not the weaknesses.
11. Fact vs. opinion. Statements that are opinions that can't be or haven't been proven carry weight and seem like facts if the buyer is convinced the speakers know what they are talking about.
12. Concern for the public good. Ads which claim concern about social or ecological problems.

VI. EFFECTS OF ALCOHOL

A. OVERVIEW

Current medical doctrines agree that whatever affects one organ may influence others, and that physical, mental, and emotional influences are interdependent. Any discussion of the physical effects of alcohol must, therefore, keep this interdependence in mind. The result being that the physical effects of the drug alcohol may be influenced by variables which are difficult to measure, at best. The atmosphere of a cocktail party, or that of skid road, a mood of despair or of elation, may well influence alcohol's effects on the individual. With these important considerations, this chapter presents information about the effects of alcohol on the body's activities.

Any food or drug (and alcohol is both) taken into the digestive system is immersed in powerful chemicals and is tossed about by the muscular contractions of the stomach and intestines. Most foods, as a result of this process, are reduced to forms simple enough in molecular and chemical structure to be absorbed and used by the cells. Alcohol is one of the few foods that is already simple enough to be absorbed at once. Its molecules are small enough and its chemical pattern simple enough to be used for fuel almost immediately after swallowing.

The way alcohol is used and disposed of, its metabolism, consists of four phases:

1. Absorption, which takes place in the stomach and small intestine, where alcohol enters the bloodstream.
2. Distribution, in which alcohol travels in the blood to each organ, tissue, and cell. By simple diffusion alcohol leaves the bloodstream and enters the cells.
3. Oxidation, in which the chemical structure of alcohol is remodeled to release heat and energy. The heat and energy, or calories, resulting from the oxidation of alcohol are used by the body cells. Whereas most foods may be metabolized in any cell of the body, alcohol is metabolized chiefly in the cells of the liver.
4. Elimination, during which a small quantity (2 to 5 per cent) of the alcohol escapes unused via the breath, urine, or sweat glands.

Two of the phases of alcohol metabolism, absorption and oxidation, will be discussed more fully below because they are pertinent to the problems arising from misuse of alcohol. Ill effects from alcohol result when its oxidation lags far behind its absorption.

B. ABSORPTION

Absorption is the process whereby the tiniest of blood vessels, the capillaries, in the walls of the stomach and small intestines pick up alcohol very soon after it is swallowed and transport it throughout the body. Within a few moments after a sip or two is taken, some of

it is detectable in the blood. Once it enters the bloodstream, the alcohol begins to affect the various organs including the brain. It is during the time lag between intake and use, or between absorption and oxidation, that alcohol's effects are experienced. There are numerous influences which may hasten or deter the absorption rate.

On the physical side, how fast people drink, their weight, whether they have recently eaten, their drinking history, body chemistry, and the type of beverage and mixer used are all influential. On the psychological side, the drinking situation, the drinkers' moods and attitudes, and their previous experience with alcohol are all contributing factors.

1. Speed of drinking. The more rapidly an alcoholic beverage is ingested, the higher will be the peak blood-alcohol concentrations. Thus, these levels are lower when the beverage is "nursed" or taken in divided amounts than when it is gulped or taken in a single dose.
2. Body weight. The greater the weight of the body muscle of an individual, the lower will be his/her blood-alcohol concentration resulting from a given amount of alcohol. For example, the blood-alcohol level produced in a 180-pound person drinking four ounces of distilled spirits will usually be substantially lower than that of a 130-pound person drinking the same amount in the same length of time--and the larger person will usually show fewer effects.
3. Presence of food in the stomach. Eating while drinking notably retards the absorption of alcohol, especially when alcohol is consumed in the form of distilled spirits or wine. When alcoholic beverages are taken along with a substantial meal, peak blood-alcohol concentrations may be reduced by as much as 50 per cent.
4. Drinking history and body chemistry. Each individual has a personal pattern of physiological functioning which may affect his/her reactions to alcohol. For example, under a number of conditions the stomach empties more rapidly than is normal, and alcohol seems to be absorbed more quickly. Emptying time may be either slowed or speeded by anger, fear, stress, nausea, and the condition of the stomach tissues. In individuals with a long history of drinking, tolerance to alcohol develops, so that an increased dosage must be used to give effects similar to those obtained with the original dose. Thus, a person with extensive drinking problems is likely to require far more alcohol to get "high" than an inexperienced drinker. In individuals with serious drinking problems, the curve of tolerance is reversed, and again they are responsive to relatively small amounts of alcohol.
5. Type of beverage. In all the major alcoholic beverages--beer, wines, cocktail or dessert wines, liqueurs or cordials, and distilled spirits--the chief ingredient is identical: ethyl alcohol. In addition, these beverages contain a variety of other chemical constituents. Some come from the original grains, grapes, and

other fruits. Others are produced during the chemical process of fermentation or during distillation or storage. Still others may be added as flavoring or coloring. These nonalcoholic "congeners" contribute in their own right to the effects of certain beverages, either directly affecting the body, or affecting the rates at which alcohol is absorbed into the blood and is oxidized in the tissues.

Beers, wines, and distilled spirits may vary markedly in the rate at which the alcohol they contain is absorbed into the blood. In general, the higher the concentration of the alcohol, the more rapid is its absorption, and the higher the concentration of "congeners," the slower is its absorption. The net result is that beer and wine have slower effects than when the same amount of alcohol is consumed in the form of liquor. However, any two drinks which contain the same amount of alcohol will eventually have the same effects. Diluting an alcoholic beverage with another liquid, such as water, also helps to slow down absorption, but mixing with carbonated beverages may increase the absorption rate.

C. OXIDATION

The speed of alcohol absorption generally affects the rate at which one becomes intoxicated; conversely, the speed of alcohol oxidation affects the rate at which one becomes sober again. Once absorbed into the bloodstream and distributed throughout the body, alcohol undergoes metabolic or oxidative changes. A major part of these processes occurs in the liver. Alcohol is changed first into acetaldehyde, a highly irritating, toxic chemical; however, this substance rarely accumulates, since it is changed quickly into acetate. Acetate (the same as that produced as an intermediate in sugar metabolism) is transformed into a variety of other compounds, and eventually is changed completely into carbon dioxide and water. The total metabolic process yields about seven calories of energy for each gram of alcohol. Almost all of the ingested alcohol is metabolized by the liver; however, from 2 to 5 per cent is excreted, chemically unchanged, mostly in urine, breath, and sweat.

1. The Rate of Oxidation may have a small influence on behavioral tolerance to alcohol, but there are no significant differences in the ability to oxidize alcohol between the alcoholic person and the nonalcoholic. Normal drinkers can metabolize on the average approximately 7 grams per hour of pure alcohol; 8 grams in the form of whiskey and 9 grams in the form of beer. As a general rule, it will take as many hours as the number of drinks consumed to sober up completely.

Considerable effort has been devoted to a search for some method which could effectively speed the rate of alcohol metabolism, and thus provide rapid sobriety. Recent interest has been shown in administering fructose, a fruit sugar; however, neither this nor any other agent has yet been found to make any clinically significant difference in the rate of alcohol metabolism. The ideas of exercise, fresh air, cold showers, hot baths, shock or black coffee are still tried and may cause a person to feel more wide awake, but the fact remains that they have no effect on the oxidation rate. All one can do is wait, and let the liver do its work.

D. HANGOVER

A familiar aftereffect of overindulgence is the hangover--the morning-after misery of fatigue combined with nausea, upset stomach, anxiety, and headache. The hangover is common and unpleasant, but rarely dangerous. It affects the moderate drinker who occasionally drinks too much, as well as the excessive drinker after prolonged drinking. The exact mechanism is unknown. Symptoms are usually most severe many hours after the peak of drinking, when little or no alcohol can be detected in the body. Although the hangover has been blamed on mixing drinks, it can be produced by any alcoholic beverage alone, or by pure alcohol. There is inadequate evidence to support beliefs that it is caused by vitamin deficiencies, dehydration, fusel oils (nonalcoholic components of alcoholic beverages which are relatively toxic, but present in clinically insignificant amounts), or any other nonalcoholic components.

No satisfactory specific treatment for hangover is known. There is no scientific evidence to support the curative claims of popular remedies such as coffee, raw egg, oysters, chili peppers, steak sauce, "alkalizers," vitamin preparations, "the hair of the dog," or such drugs as barbiturates, amphetamines or insulin. Doctors usually prescribe aspirin, bed rest, and solid food as soon as possible. Hangovers can be prevented by drinking slowly, with food in the stomach, under relaxed social circumstances, in quantities limited enough to avoid intoxication.

E. SHORT-TERM EFFECTS

Alcohol is a drug, every bit as active physiologically as many of the so-called "drugs" that are usually ingested as pills. Its primary effects are in the central nervous system although the whole body is affected.

Alcohol is often thought of as a stimulant, because it appears to make people more lively and uninhibited. Indeed, in very low concentrations, it does stimulate cellular activity in most organisms, from the simplest bacteria to the most complex mammals. And, in smaller quantities, alcoholic beverages slightly increase the heart rate, slightly dilate blood vessels in arms, legs, and skin, moderately lower blood pressure, stimulate appetite, increase production of gastric secretion, and markedly stimulate urine output. But as with most other biologically active chemicals, the general physiological effects of alcohol depend on the amount or concentration in the specific cells, tissues, or organs affected. In higher concentrations it can depress function, seriously injure or even kill cells.

Alcohol is technically considered to be a depressant, since it primarily depresses functions of the central nervous system. The reactions are related not necessarily to the amount of alcohol drunk, but to its concentration in the blood. When blood-alcohol levels are low, their effect is usually mild sedation, relaxation, or tranquility. Slightly higher levels, at least in some people, may produce behavioral changes which seem to suggest stimulation of the brain; they become talkative, aggressive, and excessively active. However, these changes are thought

to result from depression of the most highly developed brain centers which normally inhibit or restrain such behavior. At still higher levels, great depression of lower parts of the brain occurs, producing lack of coordination, confusion, disorientation, stupor, anesthesia, coma, or death. (See brain diagram on Page 43.)

F. LONG-TERM EFFECTS

Drinking alcohol in moderation apparently does the body little permanent harm. But when taken in large doses, over long periods of time, alcohol can prove disastrous, impairing both the quality and length of life. Structural damage to several major organs, such as the heart, brain, and liver may result.

1. Liver. The most common effect in the liver after alcohol intake, which may occur after intake of less than intoxicating amounts, is fatty liver--an accumulation of lipid or fat in varying portions of the liver cells. Fatty liver generally appears to have few functional effects and is reversible upon cessation of alcohol intake. However, recently a syndrome of sudden fatty-liver deaths has been described and it has been reported to be an important cause of sudden death in individuals between the ages of 25 and 44.

Alcoholic hepatitis is usually considered more serious than fatty liver. It involves an inflammation of the liver and alteration in the structure and function of its cells. These events, which by themselves are significant, are generally considered to be precursors of the subsequent and most serious phase of alcoholic liver disease, cirrhosis.

Although the continuity between chronic fatty liver, hepatitis and cirrhosis has long been suspected, the question of the progression of these injuries has never been resolved.

Cirrhosis of the liver is a major cause of incapacitating illness and premature death in alcoholic persons. During cirrhosis the tissues of the liver change in form. Eventually scarring occurs and the liver begins to harden. As this occurs, the liver loses its ability to carry out its functions necessary to human life. Mortality from cirrhosis has risen to the point that in some large urban areas cirrhosis represents the fourth largest cause of death between the ages of 25 and 45. Not all those affected with cirrhosis are alcoholic people, however, nor do all alcoholic persons develop cirrhosis. The exact relation between alcoholism and cirrhosis has thus remained something of a medical mystery and the subject of intense debate. In general, the concept has prevailed that excessive intake of alcohol by itself is not sufficient to produce cirrhosis and that other factors must play a key role.

Some investigators believe that the major factor in the causation of cirrhosis is dietary deficiency. It is important to note that a large proportion of alcoholics have serious vitamin and other nutritional deficiencies. Many scientists seem convinced that adequate nutrition provides an effective protection against cirrhosis. Some investigations, however, have shown that large amounts of alcohol may cause liver damage even in properly fed subjects.

2. Heart. Although the causes of various heart diseases are not yet fully understood, concern about the possible role of alcohol has been growing. However, there appear to be contradictory findings in two different phases of research on heart disease.

On the one hand, there is evidence that, unlike smoking or high blood pressure, alcohol is not a significant risk factor associated with heart attacks. Other studies of nonalcoholic populations have indicated that moderate alcohol use is actually associated with a lower risk of heart attack, raising the question whether small amounts of alcohol may play a slightly "protective" role against coronary heart disease.

On the other hand, recent clinical studies as well as experimental work on cardiomyopathy, a disease of the heart muscle rather than of the coronary blood vessels, have indicated that even moderate amounts of alcohol can stress tissue of the cardium, or the main heart muscle. Numerous medical reports have verified the occurrence of fatalities due to cardiomyopathy in alcoholic persons, even where malnutrition, which formerly was a main cause of heart disease in alcoholic persons, was not involved.

Such contrasting findings complicate preventive health care policies as well as physicians' advice to patients regarding alcohol use. However, the possibility of alcohol having both beneficial and harmful effects is not necessarily a contradiction. Cardiomyopathy and coronary disease are two distinct types of heart disease, involving different parts of the cardiovascular system.

3. Gastrointestinal Tract. The effects of alcohol on other parts of the gastrointestinal tract have not been as intensively studied as those on the liver, but sufficient knowledge is available to indicate that chronic heavy drinking has a variety of injurious effects on the gastrointestinal system.

When strong alcoholic beverages are taken the irritating effect may cause direct local injury. The possible sites of such injury are the mouth, the stomach, and the esophagus. An increased frequency of cancer of these parts of the digestive tract has been reported among alcoholic persons.

Ingestion of alcoholic beverages stimulates acid production in the stomach, delays emptying of the stomach, and may damage mucous lining.

Maladies of the small intestine are not often a medical complication in alcoholism, but occasionally they are troublesome. Inability to absorb various substances, fat and vitamin B₁₂, have been reported in alcoholic patients. The mechanism by which alcohol affects the small intestine is at present unknown. All the intestinal injuries associated with chronic alcohol abuse appear to be rapidly reversible.

Alcoholism is occasionally associated with pancreatitis and pancreatic insufficiency. Individuals with a long history of alcohol abuse show a diminished response to pancreatic stimulation. These abnormalities appear to be reversible when alcohol is discontinued, and may be the result of other gastrointestinal problems caused by drinking rather than alcohol itself.

4. Central Nervous System. Of all the physiological, metabolic and pharmacological effects of alcohol that have been discussed, the most common and most important is that alcohol causes intoxication. Incredibly as it may seem, however, there is no generally accepted explanation of how alcohol induces intoxication. It has been commonly assumed that alcohol exerts its fundamental effect upon the brain by interacting in some as yet undefined way with the nerve cell membrane. The assumption that alcohol interacts perhaps in a nonspecific manner to impair function, forms the underlying premise of most theories of the actions of alcohol upon the brain during the present century. But, at present, no definitive answer as to the mechanism whereby ethanol induces drunkenness or sleep can be given with certainty.

Although how alcohol causes intoxication may not be known, its ability to damage the central nervous system has been well studied.

Heavy drinking over many years may result in serious mental disorders or permanent, irreversible damage to the brain or peripheral nervous system. Critical mental functions such as memory, judgment, and learning ability can deteriorate severely, and an individual's personality structure and reality orientation may disintegrate as well.

With serious brain damage in alcoholic persons, Korsakoff's syndrome may result. In this condition, patients cannot remember recent events, and compensate for their memory loss by making up fictitious events. In addition, these individuals often suffer from polyneuritis --an inflammation of the nerves that causes burning and prickly sensations in the hands and feet. Vitamin deficiency caused by excessive drinking and inadequate intake of nutritious foods appears to be the primary cause of this condition. Vitamin therapy is often used to treat the polyneuritis and memory deficit, although the effects are not always reversible.

Some studies indicate an increased rate of brain cell damage associated with moderate alcohol intake, while other studies indicate none. Because of the contradiction, this implication warrants further inquiry.

5. Cancer. Studies have implicated the excessive use of alcohol, especially when combined with smoking, in the development of certain cancers. Heavy smoking and heavy drinking seem to be particularly implicated in mouth, pharynx, and larynx cancer where heavy intake of both has not only an additive but apparently a potentiating effect in increasing risk. Cancer of the esophagus is also associated with heavy consumption of distilled spirits. Primary liver cell cancer is more often seen in persons with a history of chronic heavy alcohol consumption. Cancer of the pancreas may also be associated with alcoholism.
6. Alcohol and Nutrition. Malnutrition is commonly observed among alcoholic persons. In recent years this has been more true of those found on skid road, but it is by no means rare among those in better circumstances. One of the main reasons for this is the fact that alcohol itself represents an important source of calories. Each gram of alcohol provides 7.1 calories, which means that an average drink of 86 proof whiskey contains about 100 calories. Therefore, heavy drinkers need less food to fulfill their caloric needs. Since alcoholic

beverages do not contain significant amounts of protein, vitamins, minerals, and amino acids, they provide only "empty calories," and the intake of the vital elements of nutrition by a heavy drinker may readily become borderline or insufficient. Lack of money may also reduce the consumption of nutrient-rich food by the alcoholic person.

In addition, even in a person consuming a good diet, heavy alcohol intake can result in malnutrition by interfering with the normal processes of food digestion and absorption. As a consequence, there is inadequate digestion of the food actually consumed. Some of the side effects of gastritis also reduce appetite, thereby lessening food intake. Moreover, alcohol appears to affect the capacity of the intestine to absorb various nutrients, including vitamins and amino acids. In addition, malnutrition itself further reduces the capacity of the intestine to absorb nutrients.

A particularly dramatic complication of alcohol intoxication is low blood sugar (hypoglycemia) which, if unrecognized, may be responsible for some of the "unexplained" sudden deaths observed in acutely intoxicated alcoholic patients. This complication occurs in individuals whose liver glycogen stores are depleted by fasting or starvation, or in those who have pre-existing abnormalities of carbohydrate metabolism.

G. INTERACTION OF ALCOHOL AND OTHER DRUGS

In light of the current interest in drug abuse generally, and the particular emphasis being accorded the problems of alcohol as the most commonly abused drug, it is pertinent to consider the status of the inter-relationships of the use of alcohol in combination with other drugs. An interaction between alcohol and other drugs may contribute to fatal automobile accidents and accidental or suicidal deaths in individuals who have consumed barbiturates or tranquilizers while they were intoxicated. Indeed, more alcoholic persons die from intoxication by drugs other than alcohol than from alcohol intoxication itself. Moreover, both alcohol intoxication and alcoholism may affect the dosage requirements and safety limits of medically indicated drugs--for example, anesthetics in surgery and anticoagulants after heart attacks.

The interaction of alcohol and drugs appears paradoxical. While intoxicated, individuals are more sensitive to many drugs--for example, sedatives and tranquilizers; alcoholic persons when sober are unusually tolerant of many drugs. This is due to the fact that a single large dose of alcohol leads to the inhibition of the metabolism of other drugs, while prolonged heavy intake leads to accelerated drug metabolism.

On the behavioral level, many other drugs when used simultaneously with alcohol are capable of grossly distorting the usual responses expected from alcohol consumption alone. This is due to the combined effects exerted by alcohol and other drugs on the central nervous system.

The interactive result of taking alcohol and other drugs that also depress the central nervous system may be either additive or potentiative. An additive effect is experienced when a half-dose of one drug taken with a half-dose of another similarly acting drug produce the same effect as a full dose of either drug alone. A potentiative effect results when half-doses of two drugs taken together produce an exaggerated action that is stronger than the effect of a full dose of either drug taken separately. An example of potentiative effect is the combination of barbiturates and alcohol which produces a depressant effect on the central nervous system that is much greater than would occur from either of these drugs taken alone.

During the past several decades, hundreds of new drugs have been produced and introduced to the public. Many of these drugs are legally obtained only through medical prescriptions. Others are freely available on drug store, supermarket, and speciality-shop counters.

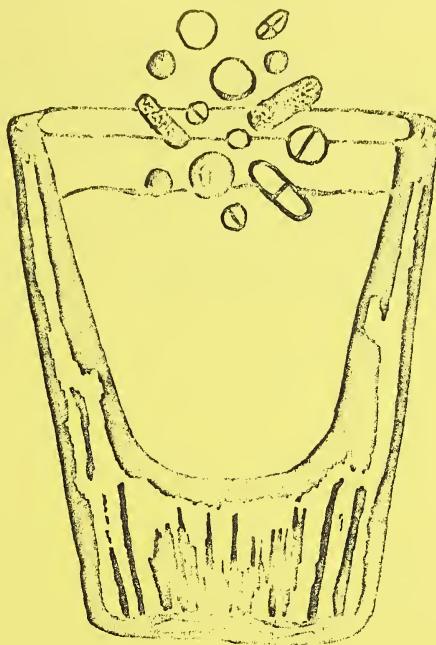
Many of these drugs when combined purposely or accidentally with alcohol produce unexpected and possibly harmful effects. For this reason, the use of any drug with alcohol should be carefully understood and any questions referred to a qualified pharmacist.

H. Fetal Alcohol Syndrome (FAS)

In the last several years, researchers have conducted a number of studies on infants born to women who drank heavily during pregnancy. The results are disturbing. A significant number of the infants studied were born with a definite pattern of physical, mental and behavioral abnormalities which researchers named the "fetal alcohol syndrome." The babies with this syndrome were shorter and lighter in weight than normal, and didn't "catch up" even after special care was provided. They also had abnormally small heads, several facial irregularities, joint and limb abnormalities, heart defects, and poor coordination. Most also were mentally retarded and showed a number of behavioral problems, including hyperactivity, extreme nervousness, and poor attention spans. Some of the infants were born with all the characteristics described above, while others showed only some features of the syndrome.

At present, we don't know exactly how much alcohol, consumed over what period of time, is needed to endanger the developing baby. But based on the research described above as well as on some recently conducted animal studies, it is believed that a pregnant woman clearly risks harm to her baby if she drinks three or more ounces of absolute alcohol per day. Three ounces of absolute alcohol are equivalent to six average-sized drinks.

However, we don't know as yet whether levels lower than six drinks per day during pregnancy can also harm the unborn baby. Until now, studies have been limited to the infants of mothers known to drink heavily. Research is currently underway on the effects of moderate drinking on the fetus, to determine whether there is a safe limit for alcohol use during pregnancy. Another unknown, also being investigated, is whether there is a critical period during pregnancy when heavy drinking is most likely to produce the fetal alcohol syndrome.

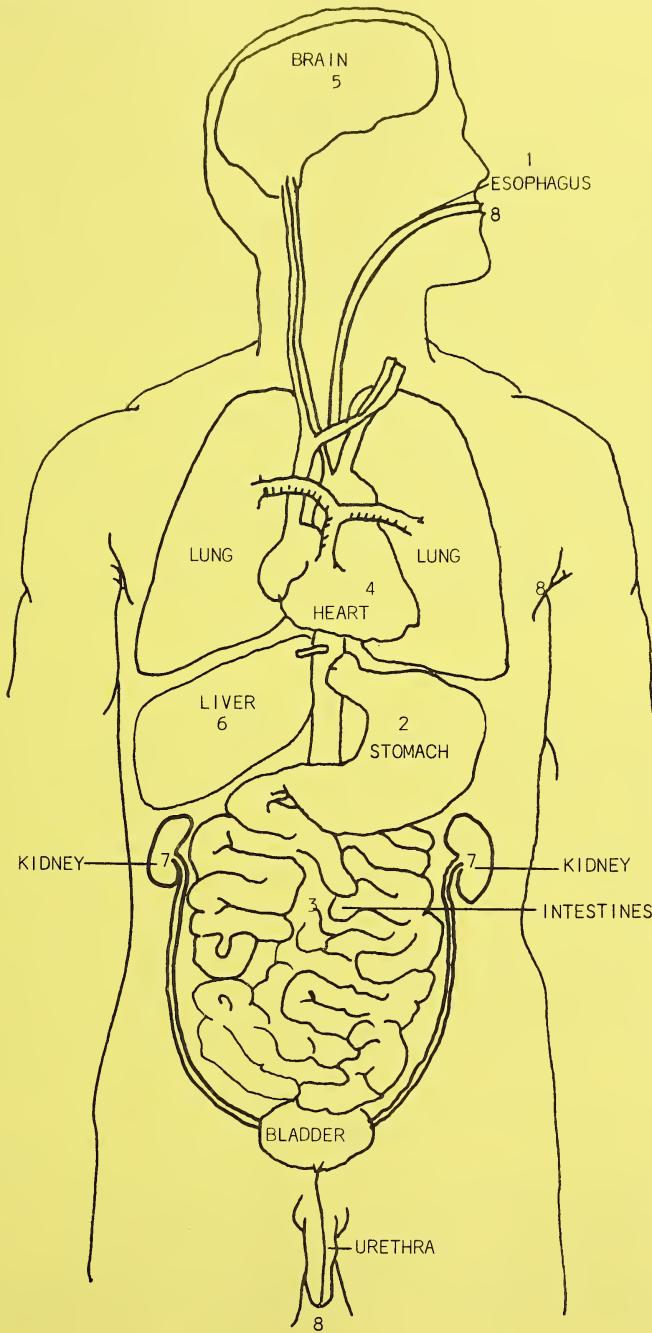


I. THE PATH OF ALCOHOL IN THE BODY

(Further explanation of each area is contained in the main body of this section.) The statement numbers are keyed to the diagram on the following page.

1. Alcohol is taken into the body through the mouth and travels to the stomach via the esophagus. Alcohol, in its initial state, is in a form which can be immediately used by the body.
2. In the stomach, the alcohol is subjected to a number of chemicals. Because it is already in its simplest form, these chemicals have little affect on the alcohol. Much of the alcohol is absorbed into the blood stream directly from the stomach.
3. The remaining alcohol travels to the small intestine where it is absorbed into the blood.
4. Once in the bloodstream, the alcohol travels to all parts of the body. It affects heart rate, blood pressure, appetite, gastric secretion, urine output, etc.
5. Alcohol also affects the brain causing a variety of reactions ranging from relaxation to unconsciousness and death.

6. In the liver, the chemical alcohol undergoes the process of oxidation, whereby it is eventually changed into carbon-dioxide, water, and a release of energy. These chemicals re-enter the bloodstream and move on to the kidneys.
7. The kidneys filter out the end products of the oxidation process, which are finally excreted out of the body.
8. About 95-98 per cent of the alcohol undergoes steps 1-7; however, the remaining 2-5 per cent escapes unchanged via sweat, the breath, and the urine.



II. BEHAVIORAL EFFECTS

A. OVERVIEW

Alcohol's effects on the brain and nerve cells, and in turn on human behavior, are similar to those of chloroform or ether. The intoxicating action of alcohol affects the brain first, since the brain is highly sensitive even to very low alcohol concentrations. The disturbances which result are shown in the activities of the organs controlled by the brain.

One characteristic of alcohol is, not all the nerve centers in the brain are affected by the same blood alcohol level. Some nerve centers are more resistant than others, and are not affected by low blood alcohol levels. For example, the nerve centers controlling the automatic processes such as breathing are the last to be affected. The first to be affected are the centers controlling the higher functions that have been learned; among these are the inhibitions and judgment. It is always important to remember that the degree to which people are affected is not always reflected in their behavior. Because people react differently to alcohol, outward behavior is not a good indicator of how much alcohol a person has consumed.

B. DEGREES OF IMPAIRMENT

As was stated earlier, the exact process by which alcohol causes intoxication is not clearly understood. However, it is commonly assumed that alcohol works to reduce or depress the functions of nerve cells in the brain. Although the process is not known, the results of that intoxication, which we see as drunkenness, are relatively predictable. Blood Alcohol Level (BAL) is a measure used to classify a person's degree of intoxication. It refers to the ratio of alcohol to blood in the body: e.g., a blood alcohol level of .10 per cent means that there is one part alcohol for every thousand parts of blood. The following blood alcohol levels are based on a 140 pound person who has consumed the alcohol over a short period of time (1-2 hours). Each drink is considered to contain 1 oz. of alcohol, the amount contained in 1 can of beer, 1 shot of whiskey, or 1 glass of wine. It should be clearly understood that these blood alcohol levels and behaviors are approximations, since there are at least 10 factors alone or in combination with other factors which may influence a person's response to alcohol: (See Section C)

Refer to brain diagram on page 43 for the following section:

One to Two Drinks - (.01 to .04 BAL) 

The first parts of the brain to be affected by alcohol are the outer layers of the cerebrum. The cerebrum contains the centers of association of the brain, e.g., judgment, reason and inhibitions. The depression of these centers begins to a mild degree, when the blood alcohol level reaches .01 to .04. At this stage, a person may become more relaxed and there may be a slight decrease in fine skills, but major changes in behavior are usually not observable at this point.

Three to Four Drinks - (.05 to .08 BAL) 

As more alcohol enters the person's blood, its effects begin to reach deeper into the brain tissue, affecting the cerebrum. After three or four drinks, the blood alcohol level reaches .05 to .08 and begins to produce a feeling of relaxation as deeper areas are affected. At this point, some of the higher motor and sensory areas are also affected. This causes a decrease in fine skills and a reduction of the person's ability to respond and perform. People at this stage are likely to be more talkative, noisy, and moody, and to feel more alert and more capable than normal, when in actuality, there has been a reduction in their reaction time, judgment, and ability to respond to emergencies. Thus, as their actual ability to perform decreases, their confidence in that ability increases.

Five To Seven Drinks - (.09 to .15 BAL) 

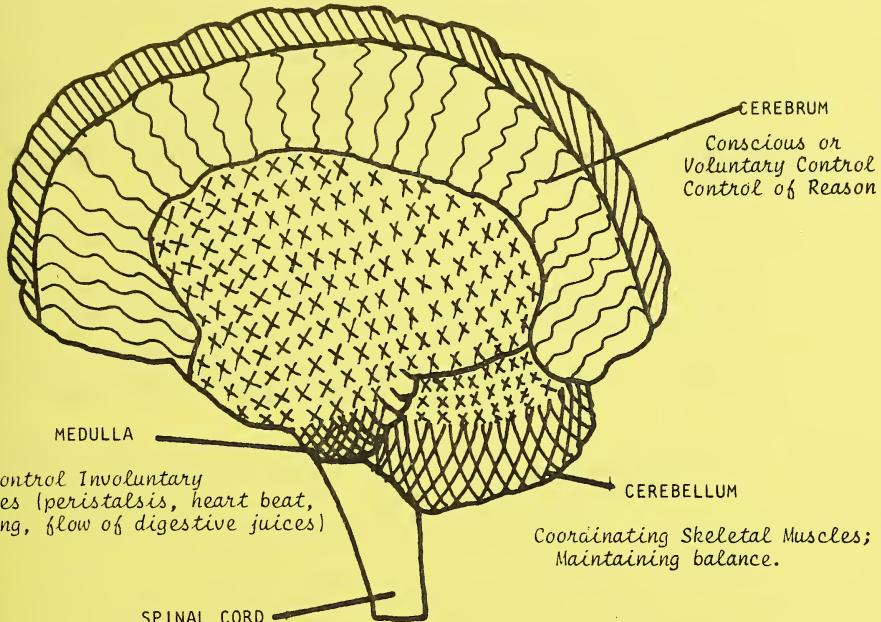
As the blood alcohol level approaches the .09 to .15 level, the effects of alcohol extend out of the cerebrum and into the cerebellum. This area of the brain is an essential link in coordinating sensory impulses and motor activity. Alcohol's effect here is to greatly impair the person's ability to respond to stimuli. The drinker's senses of hearing, speech, vision and balance are altered. Decreased sense of pain, staggered gait, and slurred speech may also be evident.

Eight to Twelve Drinks - (.16 to .30 BAL) 

With eight to twelve drinks the blood alcohol level has reached the .16 to .30 level. The entire cerebellum, which controls perception and coordination, as well as portions of the medulla, which controls involuntary functions, may be affected. Reflexes are depressed, body temperature may decrease, and circulation is impaired. Unconsciousness may occur. At this point, gross intoxication of all physical and mental faculties is evident.

More Than Twelve Drinks - (.30 and Above BAL)

Fortunately, most people in this condition are not in a position to drink anymore. They are usually unconscious and will remain in a coma until the body has disposed of enough alcohol so that the nerve centers controlling consciousness may begin to function again. It is important to realize that drinkers in this condition are near the point of death and may die for one of two reasons if left unattended. One, if there is unabsobered alcohol in the person's stomach, the absorption process will continue, even though the person is unconscious and can build up the alcohol level in the body to the point of .40 to .50, which is enough to stop the breathing process. A second reason for death while in coma is vomiting, which may cause the unconscious person to choke. For these reasons, a drinker in a coma should never be left unattended and medical help should be found.

BRAIN

Key For Brain Diagram

*(See Pg. 41 to 42 for further explanations.)

One To Two Drinks (BAL .01 to .04)



Three to Four Drinks (BAL .05 to .08)



Five to Seven Drinks (BAL .09 to .15)



Eight to Twelve Drinks (BAL .16 to .30)

*These blood alcohol levels are based on a 140 lb. person who has consumed alcohol over a short period of time (1 to 2 hours.)

C. FACTORS WHICH INFLUENCE THE BEHAVIORAL EFFECTS OF ALCOHOL

When discussing the average effect of a given blood alcohol level on an average person, it is important to keep in mind a number of factors which influence how people respond to alcohol. These factors include: the type of alcoholic beverage, how much of it and how fast one drinks, whether one has eaten, body weight and personal body chemistry, the situation and mood one is in, one's attitudes about drinking, and one's drinking experience.

Here are a few examples:

1. Situation. Often, we unthinkingly regulate our behavior when we're drinking, depending on where we are, and who we're with. A young person, having dinner with a friend, may feel slightly high after one drink. But when having dinner with the boss the next night, one drink may have little or no effect. The individual is keeping a tighter grip on his/her behavior.
2. Mood. People's emotions can also affect their drinking behavior. When at ease and comfortable, they are likely to stop after feeling the relaxing effect of one drink. But at another time, when they are tense or angry, they might feel pressured to continue drinking until their minds no longer focus on their problems.

People's reasons for drinking can actually affect their reactions to alcohol, too. Someone who is drinking to have an excuse for acting out may unconsciously exaggerate the effect that alcohol is having, while people who boast that they can hold their liquor may succeed in masking the effects of the alcohol.

3. Drinking Experience. Those who are used to alcohol recognize when it is beginning to interfere with their judgment and coordination. Certain reactions warn them when to stop drinking and when to control their behavior.

Inexperienced drinkers do not have a clear picture of how they will react to alcohol nor have they learned to control their reactions. In fact, since they are expecting something to happen, they may purposely behave with less control. They may also be unsure of when to stop and may drink more than they can handle.

D. DEVELOPING TOLERANCE TO ALCOHOL

There are many people who believe that with practice a drinker can develop a tolerance or resistance to alcohol. They point to the fact that experienced drinkers develop the ability to "hold their liquor" without outwardly showing the effects of it. Since there are so many misconceptions about this, we need to examine more closely just what is meant by tolerance. There are two kinds of tolerance which outwardly appear the same but which actually are quite different.

Tissue Tolerance. There is some evidence that prolonged regular intake of alcohol in large doses can create what is called tissue resistance. The body's nerve centers, in a desperate attempt to keep the body processes functioning in balance, attempt to compensate for the depressant effect

of the drug. The more they compensate, the more alcohol must be taken to obtain the same degree of effect. Thus, up to a point, people can develop a resistance in their nervous systems which enable them to offset the depressant action of alcohol. In that sense, experienced drinkers will be more in command of their faculties than beginning drinkers having the same blood alcohol level. However, such tissue tolerance is developed only after prolonged drinking regularly in more than normal amounts. The average drinker does not develop this tolerance to any significant degree.

Psychological Tolerance. There is another type of tolerance which most drinkers do develop. It is called a psychological tolerance. This is a learning process, not a change in the functioning of the nerve centers as occurs in tissue tolerance. These drinkers learn to compensate for the effects of alcohol much as a sailor learns to walk across the deck of a rolling ship. They learn what to expect so that if circumstances require it, they can control their behavior and perform accordingly. For example, with concentrated effect, some people can walk a straight line even though their blood alcohol level has reached the point of seriously affecting coordination.

It is this psychological tolerance that fools people into thinking that a drinker is sober. That is why by observation alone one cannot determine to what extent alcohol has affected the faculties of a drinker. The fact that they look and act sober does not mean that they are any more capable of skilled performance than the beginning drinker who may appear intoxicated.

VII ALCOHOLISM

According to a major study of American Drinking practices, more than two-thirds of the adult population, or about 95 million people, drink alcoholic beverages at least occasionally. The majority of those who drink do so without problems, but there are others whose drinking gets out of hand, endangering themselves and those around them. This group of problem drinkers includes men and women from all socioeconomic classes, backgrounds, religions, races, and occupations.

I. DEFINITION OF ALCOHOLISM AND PROBLEM DRINKING

Professionals in the field of alcoholism research and treatment differ in their definitions of problem drinkers. Distinctions are sometimes made between individuals with drinking problems and those suffering from alcoholism--with alcoholics considered to have the more serious problem. Since the two populations are not easy to distinguish, hard and fast differentiations are rarely made.

Within our society, "problem drinking" is usually recognized as drinking to such an excess that the ability to control one's actions and maintain a socially acceptable life style is impaired.

A. Problem Drinking

Several behavioral criteria characterize the person who may have a drinking problem. The following list of criteria, although incomplete, presents some general indicators of problems with alcohol if a person answers "yes" to one or more statements.

1. Anyone who must drink in order to function or to "cope with life."
2. Anyone who by his/her own definition, or that of family and friends, frequently drinks to a state of intoxication.
3. Anyone who goes to work intoxicated or has lost a job due to drinking.
4. Anyone who is intoxicated and drives a car.
5. Anyone who sustains bodily injury requiring medical attention as a consequence of an intoxicated state.
6. Anyone who, under the influence of alcohol, does something he/she would never do without alcohol.
7. Anyone whose drinking affects the behavior of those around him/her.

Other experts have noted that the following "warning signs" often indicate that a person is in the early stages of problem drinking or alcoholism: the need to drink before facing certain situations, frequent drinking sprees, a steady increase in intake, solitary drinking, early morning drinking, and sometimes the occurrence of

"blackouts" (a period of time in which, while remaining otherwise fully conscious, the drinker undergoes a loss of memory).

Although criteria and estimates vary considerably, it is generally thought that there are about 9 to 10 million people in our country with drinking and alcoholism problems. Of those, depending upon the definition used, the number of alcoholics has been estimated to be above 5 million.

B. Alcoholism

The definition of alcoholism varies depending on who is asked. However, most definitions include components similar to the following:

1. Loss of control of alcohol intake--the victims find themselves drinking when they intend not to drink, or drinking more than they planned;
2. Presence of functional or structural damage--physiological, psychological, domestic, economic, or social;
3. Use of alcohol as a kind of universal therapy, as a psychopharmacological substance through which the person tries to keep his/her life from disintegrating.

These components are expanded in the set of criteria for the diagnosis of alcoholism (too lengthy to include here) compiled by a committee of medical authorities from the National Council on Alcoholism. They are divided into two major sections: (1) Physiological and Clinical and (2) Behavioral, Psychological, and Attitudinal.

Whatever the definition used, or the precise number of individuals affected, the population of alcoholic and problem drinkers is sufficiently large to warrant attention as a major public health problem in the nation.

C. The Alcoholic Stereotype

To many people, the notion of an alcoholic conjures up visions of the typical Skid Road derelict: homeless, unkempt, unemployed and unemployable, sprawled on the sidewalk in a drunken stupor. Yet investigation has shown that the people of Skid Road (of whom approximately 50% are alcoholics) make up a tiny fragment of the entire population of alcoholic and problem drinkers--probably less than 5 per cent. At least 95 per cent of the problem population consists of employed or employable, family-centered individuals. It has been estimated that more than 70 per cent of them reside in respectable neighborhoods, live with their husbands or wives, try to send their children to college, belong to a country club, attend church, pay taxes, and continue to perform more or less effectively at their jobs. For a

discussion of alcoholism and problem drinking among teenagers, refer to the chapter on Teenage Drinking.

Although estimates vary, it is thought that there are more male alcoholics than females; however the proportion of female alcoholics has been steadily rising. Some authorities feel that the number of male and female alcoholics is about equal, but that women have had a greater tendency to hide the disease and avoid treatment, causing the difference in statistics. More research is being conducted on female alcoholism.

II. CAUSES OF ALCOHOLISM

As laboratory and clinical data have become more refined, it has become evident that there are many kinds of drinking problems, many types of people who have them, and many reasons why they begin and continue to drink to a harmful degree.

A 1963 survey found that the percentage of problem drinkers was highest in the western part of the United States, among males, residents of the larger cities, the divorced or unmarried, those with the least and those with the most education, and those with the lowest and those with the highest vocational status. The lowest rates were found among Lutherans, Congregationalists, Presbyterians, Episcopalians, and Jews. Findings from this survey also suggest that drinkers from groups in which drinking is relatively uncommon may be the most likely to encounter trouble because of their drinking. Other research indicates that children who come from homes where parents are either teetotalers or alcoholics have a higher risk of becoming alcoholics than children of parents whose attitudes and behavior are less extreme.

In a 1965 survey of American drinking practices, it was found that whether a person drinks at all depends primarily on social and cultural factors, but psychological factors appear to determine whether or not one will become a "heavy escape drinker" -- one who drinks heavily, and uses drinking as a means of escaping from tensions, problems, and depressions. The population of heavy escape drinkers, about 9 per cent of all drinkers, contains those most likely to be or become alcoholic and problem drinkers.

The search for a unitary cause of alcoholism has shifted to interdisciplinary exploration of factors that might, singly or in combination, account for the development of problem drinking in various types of individuals. Although there is no generally agreed-upon model of how alcoholism starts, research into the physiological, psychological, and sociological factors has resulted in a far greater understanding of the conditions that may precede, underlie, and maintain problem drinking. The state of knowledge is still quite crude. There have, however, been several promising leads which may ultimately contribute to better prediction and protection of individuals likely to develop alcohol problems, and to improved treatment techniques for those already ill.

A. Physiological Theories

Despite considerable research effort to find physical factors, either in alcohol itself, or in the biological makeup of those who drink, which could account for alcoholic drinking and addiction, to date, many of the questions remain unsolved. Some of the proposed theories are presented here for consideration, including the genetic, endocrine, and genetotrophic theories.

1. Genetic Theory

Some workers in the field theorize that alcoholism may be inherited. Alcoholism appears to run in families; it is, therefore, suggested that an alcoholism prone individual may have inherited a susceptibility to be influenced adversely by ingested alcohol. Research has provided some evidence to support this theory. The possibility that humans may inherit a predisposition for alcoholism or an immunity to it does not rule out other factors also contributing to its occurrence in a positive or negative manner. Thus, the development of alcoholism may be the result of a collection of factors rather than just one.

2. Endocrine Theory

Another major physiological theory of the cause of alcoholism indicates a dysfunction of the endocrine system. Similarities between the symptoms seen in alcoholic patients and in patients with endocrine disorders suggest that some failure of the endocrines might be causally related to the onset of alcoholism. If alcohol ingestion stresses the organism, chronic heavy drinking could cause a hyperactivity of the pituitary gland, eventually exhaustion of the adrenal cortex, and, consequently, a breakdown in the functions regulated by the adrenal hormones.

As with other theories, the experimental clinical evidence to date is not conclusive. The available information suggests that the endocrine characteristics associated with alcoholism may be a result of chronic heavy drinking rather than its cause.

3. Genetotrophic Theory

The genetotrophic theory of alcoholism combines the concept of a genetic trait and nutritional deficiency. It is postulated that, due to an inherited defect or "error" of metabolism, some people require unusual amounts of some of the essential vitamins. Since they do not get these unusual amounts in their normal diet, they have a genetically caused nutritional deficiency. Those who drink alcohol develop an abnormal craving for the substance, and the consequence is alcoholism.

4. Other Physiological Theories

Other physiological theories about alcoholism include factors such as allergies, differing metabolic rates, and non-alcoholic

components of alcoholic beverages (congeners). Although there is a theoretical basis for each, the scientific evidence does not yet exist to support them.

In summary, it is generally held that physiological factors probably contribute to the development of alcoholism, but none has yet been conclusively proven to be the single cause.

B. Psychological Theories

Some researchers believe that individuals with alcohol problems possess a number of distinctive traits which together make up the "alcoholic personality." However, there is no agreement on the identity of these traits, nor on whether they may be the cause or the result of excessive drinking. Three approaches to the psychological cause of alcoholism are explained in this section: the psychoanalytic theory, the learning theory and the personality trait theory.

I. Psychoanalytic Theory

Psychoanalytic explanations of the causes of alcoholism rest on three major theoretical positions: (a) the Freudian view; (b) the Adlerian view; and (c) the view that alcoholism develops as a response to an inner conflict between dependency drives and aggressive impulses.

The Freudian view as expressed by a number of people relates alcoholism to such factors as repressed urges, oral dependency, need for security, self-punishment and parental hatred.

The Adlerian view is that alcoholism represents a striving for power, which compensates for a pervasive feeling of inferiority. It is assumed that alcoholics derive their feelings of inferiority from a childhood in which overindulgent parents did not permit them to learn how to cope with the problems of adult life. The alcoholic turns to alcohol to enhance his/her feelings of self-esteem and prowess.

Other studies suggest that frustrated ambitions may play a role in the development of an alcohol problem. It is suggested that alcoholics may have an enhanced need for power, but find themselves inadequate to achieve their goals. They resort to alcohol because it provides a sense of release, of power, and feelings of achievement. Since overindulgence in alcohol precludes effectively coping with the existing problems and leads to additional problems, this vicious cycle results in confirmed alcoholism.

Evidence to support the psychoanalytic views is inconclusive, since it is difficult to devise experimental tests of these

theories. Nevertheless, in some cases, the application of psychoanalytic ideas in the treatment of alcoholism has been successful.

2. Learning Theory

Learning and reinforcement theory explains alcoholism by considering alcohol ingestion as a reflex response to some stimulus and as a way to reduce an inner drive such as fear or anxiety. This theory holds that persons tend to be drawn to pleasant situations or repelled by unpleasant or tension-producing ones. In the latter case, alcohol ingestion is said to reduce the tension or feelings of unpleasantness and to replace them with a feeling of well-being or euphoria.

The obvious troubles experienced by alcoholics might appear to contradict the learning theory in the explanation of alcoholism. The discomfort, pain, and punishment they experience should presumably serve as a deterrent to drinking. The fact that alcoholics continue to drink in the face of family discord, loss of employment, illness, and other sequels of repeated bouts is explained by the fact that alcohol has the immediate effect of reducing tension while the unpleasant consequences of drunken behavior come only later.

The role of punishment is becoming increasingly important in formulating a cause of alcoholism based on the principles of learning theory. While punishment may serve to suppress a response, experiments have shown that under some circumstances it can serve as a reward and reinforce the behavior. Thus if the alcoholic has learned to drink under conditions of both reward and punishment, either type of condition may precipitate renewed drinking.

Ample experimental evidence supports the hypothesis that excessive alcohol consumption can be learned. However since conflicting studies exist, the learning theory requires further research.

3. Personality Trait Theory

Psychological research has also attempted to define the causes of alcoholism in terms of an "alcoholic personality." Though it is conceded that all alcoholics need not have the same characteristics, it is postulated that in the prealcoholic stage, a personality pattern or constellation of characteristics should be discernible and should correlate with a predisposition toward alcoholism. One of the main difficulties in this approach is that the population ordinarily available for study is already in trouble with alcohol. The question, is whether the personality traits observed in these people predate the onset of alcoholism, or are a consequence of alcoholism.

Using objective and projective tests, researchers have attempted to identify an underlying personality disorder. As yet, these approaches have failed to identify a common personality structure of the alcoholic patient which would be predictive of alcoholism. There is evidence that alcoholic patients exhibit some personality traits in common. Once the addiction has been established, these patients show some common behavioral and trait manifestations which appear to be more relevant to alcoholism than to other psychological disorders.

C. Sociological Theories

Alcohol serves vastly different functions within and among societies, cultures, subcultures, and ethnic and religious groups. Attitudes concerning its use range from extreme permissiveness to absolute abstinence. But abstainers can always be found when permissiveness is the watchword, and, conversely, drinking does not disappear when abstinence reigns. The purposes for which alcohol is used include religious, culinary, psychic, ceremonial, hedonistic, traditional, social and medicinal ones. Standards of acceptability applied to the manner or pattern of drinking vary according to the age, occasion, sex, cultural background, social class and the particular circumstances.

I. Cultural Theory

The cultural theory of alcoholism suggests that within a given society, there are three ways in which the culture may influence the rate of alcoholism:

- a. The degree to which the culture operates to bring about inner tensions or acute needs for adjustment in its members;
- b. The attitudes toward drinking the culture produces in its members;
- c. The degree to which the culture provides suitable substitute means of satisfaction.

Societies may provide alternatives to or substitutes for alcohol use. Some societies have less stringent sanctions against narcotic drugs and therefore have a lower alcoholism rate. Others permit emotional outlets through ceremonies and rituals and thereby provide culturally accepted means of anxiety reduction.

2. Deviant Behavior Theory

Depending on the context, the use of alcohol can be illegal or only illegitimate . . . acceptable or even sanctified . . . forbidden or abominated. Thus, the concept of alcohol abuse as deviant behavior is receiving increasing attention by researchers. The deviant behavior theory represents the alcoholic as someone who, through a set of circumstances, becomes publicly labeled a deviant and is forced by society's reaction into playing a deviant role.

D. Summary of Causes of Alcoholism

The search for a single cause of alcoholism may be an unrealistic goal. Nevertheless, researchers with specialized interests, and with needs to define alcoholism from their own perspectives, will probably continue to look for a unitary answer to solve the problem of how alcohol addiction occurs and to identify the crucial factors associated with its onset and progression.

Many theorists, however, suggest a multifaceted approach which incorporates elements from two or more hypotheses. Generally, such an approach selects from each of the broad areas discussed: physiology, psychology, and sociology.

An individual who (1) responds to beverage alcohol in a certain way, perhaps physiologically determined, by experiencing intense relief and relaxation; and who (2) has certain personality characteristics, such as difficulty in dealing with and overcoming depression, frustration, and anxiety; and who (3) is a member of a culture that induces guilt and confusion regarding what kinds of drinking behavior are appropriate, is more likely to develop trouble than will most other persons.

More research will have to be done to gain deeper insight into the causes of alcoholism. Work is needed to identify better the association between alcohol use and all aspects of physiological responses, predispositions and attitudes, and the social context and consequences of drinking.

III. SYMPTOMS OF ALCOHOLISM

As stated earlier, the difference between "problem drinkers" and "alcoholics" is usually a matter of degree rather than substance. The progression of the illness can be divided into 3 phases: Early, Middle, and Late, each with fairly distinct symptoms. The chart on page 56 indicates these symptoms, some of which are further explained in the following section.

A. Early-Stage Alcoholism

Regardless of the cause of alcoholism, most alcoholics in the early stage exhibit some of the characteristics explained in the section on problem drinkers (page 46). These include: constant relief

drinking, increase in alcohol tolerance, sneaking drinks, urgency of the first drink and pre-occupation with alcohol, feeling of guilt over drinking, avoiding any reference to drinking and in some people, memory blackouts increase or begin.

B. Middle-Stage Alcoholism

As the problem progresses, the symptoms of middle-stage alcoholism begin to appear. These may include:

Loss of control: The person may not be able to refuse a drink or stop drinking once he/she starts.

Alibi system: The person feels guilty and defensive about his/her lack of control, and develops an elaborate system of 'reasons' for drinking, partly to answer family and associates, but mostly to reassure himself/herself.

Eye openers: The need for a drink in the morning to "start the day right." This 'medicinal' drink helps kill the effect of increasingly painful hangovers, feelings of guilt, remorse, and depression.

Changing the pattern: Under pressure from family or employer, the drinker tries to break the hold alcohol has on him or her, by setting up rules on when or what he/she will drink. But just a little alcohol may start the chain reaction again.

Anti-social behavior: The person prefers drinking alone, or with other alcoholics, whatever their social level, broods over imagined wrongs, thinks people are staring at or talking about him/her, is highly critical of others, and may become destructive or violent.

Loss of job and friends: Continuing anti-social behavior results in the loss of jobs, and leads friends to turn away. As a defensive measure, the person may quit before being fired, or drop his/her friends first.

Seeking medical aid: Physical and mental erosion caused by uncontrolled drinking leads the person to make rounds of hospitals, doctors, psychiatrists, seldom receiving lasting benefits because of the refusal to cooperate or admit extent of drinking.

C. Late Stages

Until this point, the alcoholics had a choice: to drink or not to drink, though once begun, they had no control of their drinking. In the later stages of alcoholism there is no choice: alcoholics must drink however and wherever they can. The symptoms of this stage include:

Benders: Drinks for days at a time, becoming completely intoxicated. Disregards family, job, even food and shelter.

Tremors: Develops the 'shakes,' a condition resulting in shaking primarily of the hands, although any part of the body may be involved. This is a symptom of the abstinence syndrome or withdrawal reaction from alcohol in a person physically addicted to the drug.

Protecting the supply: Having a supply of alcohol available becomes increasingly important. The alcoholic will do or sell anything to get it, and will hide the bottles to protect them for future needs.

Unreasonable resentments: Shows hostility to others, both as possible threats to the liquor supply and as a turning outward of an unconscious desire to punish self.

Nameless fears and anxieties: Constantly afraid of some thing which cannot be pinned down or even put into words. Feels a sense of impending doom and destruction. Nervous, shaky, and unable to face life without the support of alcohol.

Collapse of the alibi system: No longer able to make excuses or put the blame on others. Admits to self that one's drinking is beyond his/her ability to control.

It is important to bear in mind the idea that not all alcoholics will exhibit all of these symptoms, and each person may exhibit any given symptoms to a greater or lesser degree than someone else. Nor is it possible to categorically state that if a person exhibits X number of symptoms, then he or she is an alcoholic. However, it is equally important to realize that these symptoms are signs of an illness which can and has had a drastic effect on individuals, families and society. The demonstration of any symptom, from pre to late stage, should serve as a warning sign that a problem exists which requires some form of treatment.

IV. EFFECTS OF ALCOHOLISM

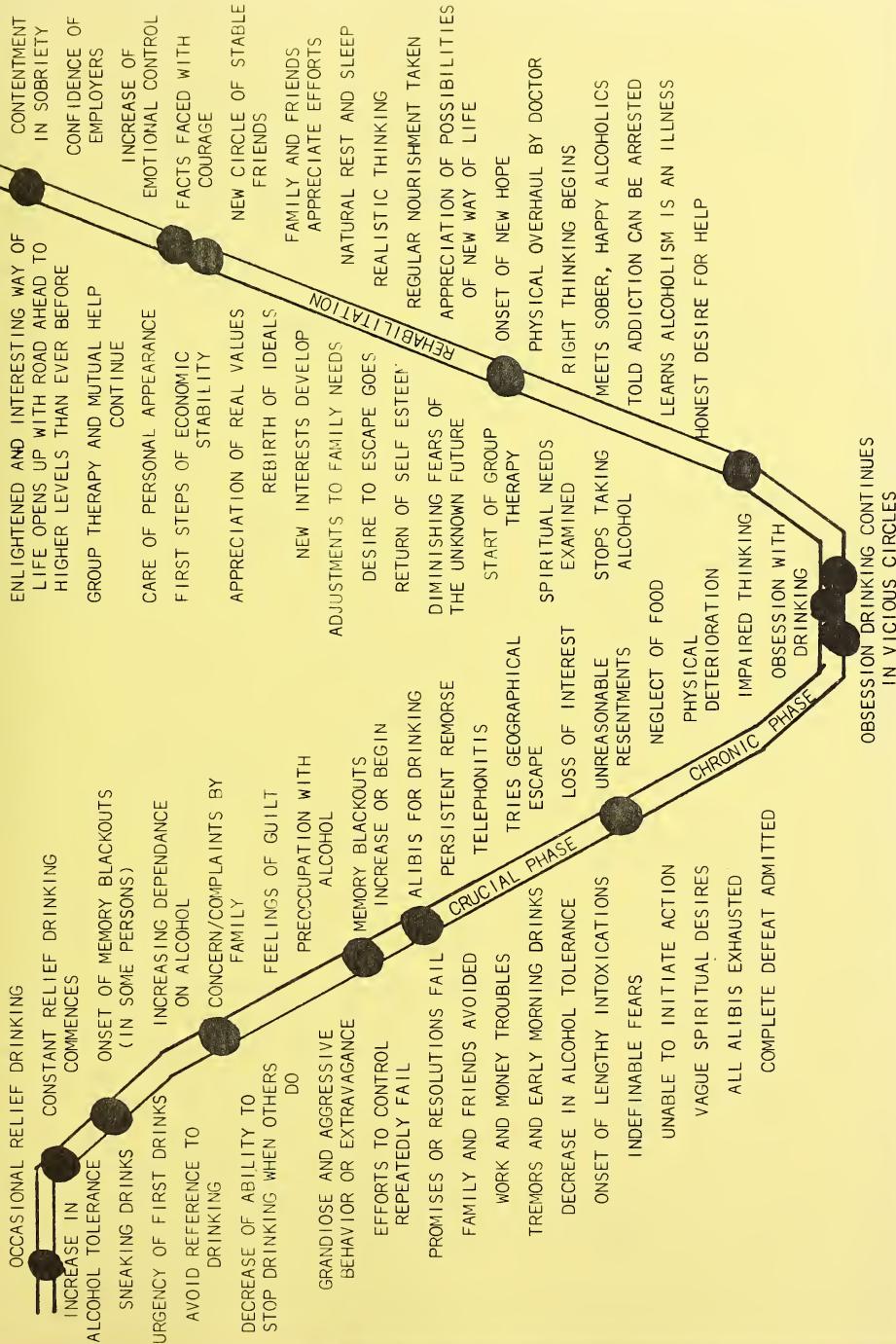
A. Effects on the Individual

The men and women have drinking problems comprise a small proportion of the total American population, but the misery created for themselves and others is enormous.

Many of the effects of the disease on the individual have already been discussed under "Symptoms of Alcoholism" in this chapter and in the "Effects of Alcohol" chapter, including: shortened life span, malnutrition, loss of job, family, friends, etc.

ALCOHOL ADDICTION

READ FROM LEFT TO RIGHT ↗ TO RECOVERY ↘



B. Effects on the Family

Alcoholism has been called the family disease because every member in the family, as well as the alcoholic is affected by it.

SURVIVAL SKILLS FOR THE CHILD OF THE ALCOHOLIC

1. What should I do when:

- A. Someone comes home drunk?
 - 1. Remember that a drunk person is an absent person: don't try to reason with him or her.
 - 2. Stay out of the way. As the illness progresses, they sometimes get violent.
 - 3. Don't argue.
 - 4. Don't take personally anything the drinking person says.
 - a. It is not true that people speak the truth under the influence of alcohol.
 - b. If he/she judges you or your character, don't accept as truth what he says. It is his guilt talking.
 - c. Above all else, remember he/she is sick.
- B. My parent is still mean when not drinking (sober). Why?
 - 1. He/she is still suffering from guilt.
 - 2. It takes 72 hours to get the alcohol out of the system.
 - 3. The parent's problem is not only physical but emotional and spiritual as well.
- C. What can I do to make him/her stop drinking?
 - 1. Remember that you did not make him/her drink and you cannot make him/her stop.
 - 2. The gift of life is yours, his belongs to him, to enjoy or destroy as each of you wishes.
- D. How do I live through this?
 - 1. Erase all self-guilt.

- Alcoholism creates financial problems since most available money is spent on alcohol, not food, clothing, etc., which the family needs. If the alcoholic loses his/her job, the situation becomes even more serious.

C. Effects on the Society

The economy is affected in various ways by alcoholism. It has been estimated that alcoholism costs the U.S. society more than \$25 billion dollars a year. This figure includes lowered production on jobs and industry due to workers with alcohol problems, medical costs for treatment of alcoholics, damages resulting from motor vehicle accidents, social service and welfare costs for families of alcoholics, costs to the criminal justice system and programs and research costs.

V. TREATMENT OF ALCOHOLISM

There is no known cure for alcoholism. The illness can be arrested, however, through treatment programs, and the alcoholic can learn to lead a healthy and productive life without alcohol. Current research indicates that no one approach to recovery is successful with all alcoholics. Many therapists believe the goal of treatment is complete abstinence from alcohol, in any form and under any condition, for the rest of the patient's life in order to arrest the illness.

Patients may need to progress through three general stages of treatment:

- 1) managing acute intoxication and withdrawal to overcome the effects of drunkenness, to safely rid the body of alcohol and to help the body adjust to doing without alcohol (detoxification);
- 2) correcting the chronic health problem that may have been brought on or aggravated by heavy drinking.
- 3) altering long-term behavior so that destructive drinking patterns are not continued.

Some of the major approaches to alcoholism treatment will be presented in the following sections.

A. Detoxification

Concerted interest has been evident for some time in the development of new detoxification methods, partly because of the realization that the detoxification schemes of the past were inadequate. Detoxification can be an effective first step in engaging alcoholics in a successful rehabilitation effort, and most detoxification programs do not require expensive and elaborate medical facilities. The usual procedure is to give the patients medicine that will prevent convulsions, produce a healthy appetite and sound sleep. A diet rich in vitamins and other nutrients is prescribed.

Most patients do not need to go through inpatient detoxification before they start other long-term treatment for alcoholism. The major problem in detoxification programs is not medical management but rather triage into rehabilitation systems and the provision of social supports. The authors of a nationwide survey of alcoholism services concluded: "Because many alcoholics would rarely if ever need inpatient care, provided other kinds of services were readily available, the community-based outpatient clinic can be legitimately considered the backbone of alcoholism services." To date there has been understandable reluctance to separate detoxification services from medical facilities. Progress has been made, however, in distinguishing between alcoholics who require intensive medical care and those who require only nursing care or supervised observation. In a recent report, Feldman and his colleagues published empirical data on 564 intoxicated persons who were consecutively provided ambulatory detoxification. Only half actually required definitive detoxification management, which was handled on an outpatient basis, and fewer than 18 per cent required hospitalization for medical care. There were no fatalities among these patients. Thus, there now seem to be three useful types of detoxification: intensive medical care, supervised observation in specialized centers, and ambulatory care. Recognition of this triad of possibilities should lead to greater flexibility and cost-effectiveness and more appropriate services in detoxification programs.

B. Drug Therapy

Once over the acute stages of intoxication or withdrawal, the alcoholic starting long-range treatment may require a kind of pharmacological bridge over the difficult early days or weeks. For this, physicians may prescribe a variety of treatments.

Tranquilizers are often used to produce relaxation and to reduce the tensions which many alcoholics believe to have triggered their drinking bouts. They are highly effective, but some alcoholics eventually become addicted to the very tranquilizers which helped them break away from their dependency on alcohol. Because of this, most authorities are reluctant to use tranquilizers except in an in-patient center.

Other physicians use what is sometimes called conditioned-response or aversion therapy, administering an alcoholic beverage and at the same time a powerful nausea-producing agent like emetine or apomorphine. Repeated treatments with such a combination are intended to develop a conditioned reflex loathing for alcohol in any form. Because of the risk of severe physical reactions, this method of treatment as with others requires close medical supervision.

More widely known and used are so-called deterrent agents such as disulfiram (Anatabuse). Anatabuse is a non addicting drug which gives a strong physical reaction to alcohol. A patient regularly taking one of these compounds finds that ingestion of alcohol in any form quickly produces pounding headache, flushing, and usually violent nausea, vomiting and other unpleasant symptoms. The patient cannot take a drink for 10 to 14 days after taking the last Anatabuse tablet.

An important aspect of drug therapy, however, is the general nature of the drug-giving and receiving transaction. It has been suggested that the "image" of a drug therapy program may be a beneficial way to deal with some types of alcoholic patients. They can relate to a medical model of illness and experience a low level of emotional interaction with medical personnel. The sense of "being treated," by being given medicine, may lead to a good therapeutic relationship with positive outcomes.

C. Psychotherapy

Broadly, psychotherapy is a label covering various kinds of self-examination, counseling and guidance, in which a trained professional works with (rather than on) patients--alone or in groups--to help them change their feelings, attitudes and behavior in order to live more effectively.

Although there are variations, the psychotherapeutic approach in the case of alcoholism usually involves an attempt to bring about acceptance of an alcoholic, by the patient and by the therapist, as a person who is sick but not evil, immoral or weak, and an equally complete acceptance by the patient of the idea that he/she needs help. An effort is made to achieve understanding of the patient's underlying tensions as well as the more obvious problems, to alleviate or solve those problems that can be readily handled, and to find a means--other than drinking--which will enable the patient to live with those problems that cannot be solved.

Most successful therapists, however, may differ on details of treatment, but indicate that pleadings, exhortations, telling patients how to live their lives, or urging them to use more willpower, are usually useless and may be destructive.

One of the most recent innovations in the area of psychotherapy is the concept of family therapy.

In view of the role that alcohol can serve in the family, it

becomes necessary to help families develop alternative living styles. Researchers offer the following suggestions:

1. In treating alcoholism, attention should be given to family interactional factors in addition to individual problems.
2. Consideration should be given to the adaptive or positive functions that drinking served, so that the family may integrate these functions into their sober life through some other means, instead of having to give them up along with alcohol.
3. Attention should be given to the family's extended social network. As a result of theoretical advances in family treatment, many alcoholism programs now routinely see the relatives of alcoholic patients. In some instances therapeutic efforts may be concentrated on a significant relative rather than on the problem drinkers themselves.

D. A.A.

Alcoholics Anonymous is an organization of alcoholics who have banded together to help themselves and others achieve sobriety. Anyone can join the group by attending a meeting. A.A. members admit that they are powerless over alcohol, place their faith in a power greater than themselves, and work on a "one day at a time" basis to maintain sobriety.

Al-Anon and Alateen are similar self-help groups, although separate organizations from A.A. Al-Anon seeks to help spouses and friends of problem drinkers while Alateen is directed at the children of alcoholics.

E. Facilities for Treating Alcoholism

A variety of facilities are available for treating alcoholism, including detoxification, intensive inpatient care centers, intermediate residential treatment centers and out-patient centers. Addresses of these facilities in this area can be found in the chapter on "Resources."

VIII MONTANA STATE LAWS

A great many laws have been written about alcohol in this state. These laws are contained in the Montana Code Annotated (MCA). In addition, each city and county may have additional laws which apply locally.

For the purposes of this supplement, discussion has been limited to those state laws which appear to have the greatest impact on the public at large and school-aged children. This chapter consists of synopses of various laws intended to provide a brief and uncomplicated look at an extensive and complicated issue. For the exact wording of any law, refer to the appropriate MCA as indicated by the number accompanying each annotation. Copies of the MCA may be found at local city hall offices, most attorneys' offices, county courthouse buildings and college law schools.

A. ALCOHOLIC BEVERAGE CONTROL LAWS

The administration of alcoholic beverage control laws is the responsibility of Liquor Division of the Montana Department of Revenue. These laws pertain to the production, distribution and consumption of alcohol. They include rules on wholesaling, retailing, taxing, licensing, shipping, etc. Since they are numerous and varied, only the major laws relating to minors and the general public are listed here.

1. Minors

MCA 16-3-301: It is illegal for any retailer to sell or give any alcoholic beverage to anyone under the age of 19. It is also illegal for a person to knowingly misrepresent his or her age in order to obtain an alcoholic beverage.

MCA 45-5-623: It is illegal for any person to sell or give intoxicating substances to any minor.

2. General Public

MCA 16-3-301: It is illegal for any retailer to sell or give any alcoholic beverage to anyone apparently under the influence of alcohol.

B. MOTOR VEHICLE LAWS

The administration of the following laws related to alcohol and motor vehicles is the responsibility of the Motor Vehicle Division of the Montana Department of Justice.

MCA 61-5-205: Any individual convicted of a second or subsequent offense of driving while under the influence of intoxicating liquor will have his drivers license revoked. This is a required action under Montana law.

MCA 61-8-402: Any person operating a motor vehicle on public roads shall be deemed to have given consent to a test of his or her blood or breath to determine the level of alcohol in that person's blood. If a person under arrest refuses to submit to a chemical test designated by the arresting officer, no test will be given. However, refusal to take the test makes the operator liable for suspension of his driving privileges for a 60 day period.

MCA 61-8-401: If a chemical test indicates 0.10% or more by weight of alcohol in a defendant's blood, it shall be presumed that the defendant was driving under the influence of alcohol.

C. ALCOHOLISM PROGRAMS

The administration of laws related to alcoholism programs is the responsibility of the Montana Department of Institutions.

MCA 53-24-102: It is the policy of the State of Montana to recognize alcoholism as an illness and that alcoholics and intoxicated persons may not be subjected to criminal prosecution but should be given treatment to allow them to lead normal lives.

MCA 53-24-306: Any person being treated for alcoholism in a state approved treatment facility is guaranteed that information regarding his treatment will be kept confidential unless waived by the individual.

IX SAFETY

Because alcohol affects the human body, especially the brain, it has the potential to affect the safety of the people who use it and those around them. For this reason, as well as others, the idea that, "I can drink as much as I want. I'm only hurting myself," requires some careful second thought. Consider the statement in light of the following information.



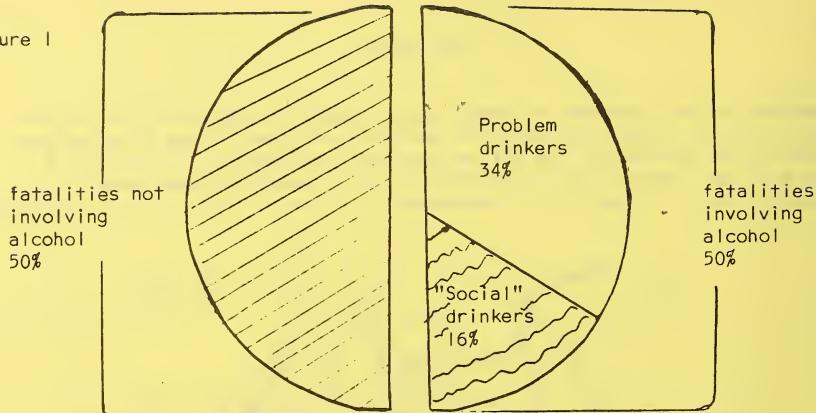
I. DRINKING AND DRIVING

A. Alcohol and Traffic Fatalities

It is nearly impossible to overstate the relationship between alcohol and traffic accidents. Many studies show that approximately one-half of all highway deaths are caused, at least in part, by alcohol. This is a daily average in the United States of 75 people. To put this in perspective, in the 11-year period, 1960-1971, 45,000 American soldiers were killed in combat in South Vietnam. During this same period, 545,000 American citizens were killed in traffic accidents. Of these fatalities, 274,000 were alcohol-related. Statistics on alcohol-related accidents in Montana State can be found in Section G.

Figure 1 shows the breakdown of fatalities involving alcohol and also the relationship of fatalities caused by problem drinkers as opposed to fatalities caused by social drinkers.

Figure 1



B. Blood-Alcohol Levels

Blood-alcohol level (BAL) refers to the ratio of alcohol to blood in the body: e.g., a blood alcohol level of .10 per cent means that there is one part alcohol for every thousand parts of blood. BAL is a measure used to classify a person's degree of intoxication.

The rate of absorption and volume of alcohol needed to produce intoxication vary from one person to another. The research that is available, however, demonstrates that a blood-alcohol level (BAL) as low as 0.02 per cent can adversely affect a person's behavior. At 0.05 per cent BAL, everyone is affected. The U.S. Department of Transportation believes that a BAL of 0.10 per cent should be considered *prima facie* evidence of driving while intoxicated; .10 per cent has also been adopted by the State of Washington as the BAL at which a driver is under the influence.

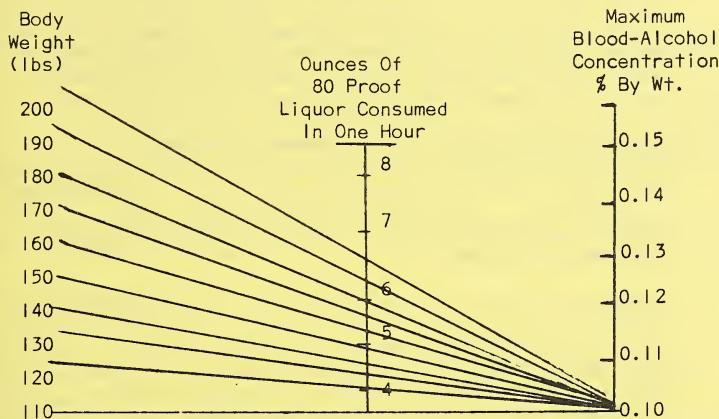
One of the major contributions to research on drinking drivers and accidents is the study conducted by the Department of Police Administration of Indiana University, which pointed out that when a driver's blood-alcohol concentration reached 0.15 per cent, the possibility of the driver causing a traffic accident is 25 times greater than if his body were essentially alcohol free. (See Figure 3.)

Blood-alcohol concentrations over 0.04 per cent are definitely associated with increased accident involvement, according to the study. When the alcohol concentration reaches 0.06 per cent, the probability of causing an accident is twice that of the alcohol-free driver and at 0.10 the probability is six times greater.

Figure 2 below illustrates on the average the number of drinks it will take people of various weights to reach a BAL of .10 in one hour.

Figure 2

How Many Drinks 10%



Subtract .015 from blood alcohol level for each hour past the time of consumption to obtain an estimate of how much alcohol is in the blood at any given time. This represents the amount of alcohol processed by the liver in 1 hour.

C. Effects of Alcohol on Human Functioning

The ability to perform driving maneuvers depends on the driver's mental, emotional, and physical state.

Anything that weakens or damages the ability to perform well or to make sound decisions is called an impairment. Some impairments are physical: they affect the ability to see, hear, or control muscular movement. Other impairments affect decision-making abilities. The use of alcohol impairs both physical and mental functioning. It affects three areas of the body which are essential for the responsible handling of an automobile: judgment, reflexes and vision. Each of these will be discussed separately.

1. Absorption of Alcohol into the Body. Alcohol does not have to be digested. It enters the bloodstream directly through the lining of the stomach and affects the body very soon after drinking. The rate of absorption of alcohol into the bloodstream, however, does vary. For example, if the stomach is full of solid food, it will dilute the alcohol and slow the rate of absorption. In general, however, the absorption process is completed within 20 to 40 minutes from the time that a drink is consumed.

As the bloodstream carries the alcohol to the brain, it affects the cerebrum, the portion of the brain where judgments and decisions are made. As the concentration of alcohol increases, it affects the cerebellum, the area which controls muscular movement and maintains body equilibrium.

2. Alcohol and Vision. Alcohol has long been thought to seriously impair all functions of vision at a relatively low blood-alcohol level. This does not appear to be true. However, coordination of eye movements and the ability to divide attention between different tasks appear to be affected at low-level concentrations of alcohol. In effect, persons who have consumed alcohol tend to fix their vision on one object, rather than moving from one object to another to gather information. Since driving an automobile is an activity in which one must continually identify and react to many changing stimuli, impairment of the ability to divide attention among many cues can be critical.
3. Alcohol and Reflexes. We frequently picture a "drunk" as a person who is stumbling and having difficulty standing. Inexperienced drinkers may behave like this after consuming very little alcohol. Among experienced drinkers, however, such behavior may not appear until the individual has consumed large quantities of alcohol.

Alcohol may affect muscular control. For example, a person's steadiness may be lost. When drivers with high blood-alcohol levels are tested under actual driving conditions, impairment often becomes evident in steering, braking, and speed control. Steering-wheel movements tend to increase and steering responses are slowed. Drivers with high blood-alcohol levels have difficulty steering through turns. They are not able to make the steering corrections necessary.

Brake reaction time under such conditions also tends to increase, as does the ability to apply the brakes smoothly or to come to a stop at a specific point. Drivers who have been drinking also have difficulty in maintaining a constant speed. They seem to speed up and slow down unnecessarily. They also make speed adjustments--either braking or accelerating--that are exaggerated.

When alcohol is in the brain, a longer time span passes before the voluntary muscles can obey the messages sent by the brain. A blood alcohol concentration of from .10 to .20 per cent slows the time it takes one to react by 10 to 30 per cent; in an emergency, even a fraction of a second can make a difference.

4. Alcohol, Judgment, and Behavior. When inhibitions are reduced people tend to display greater anger, sadness, silliness, rudeness, or suspicion, depending on their personality and the mood they were in when they started to drink. Some people even fall asleep after a few drinks.

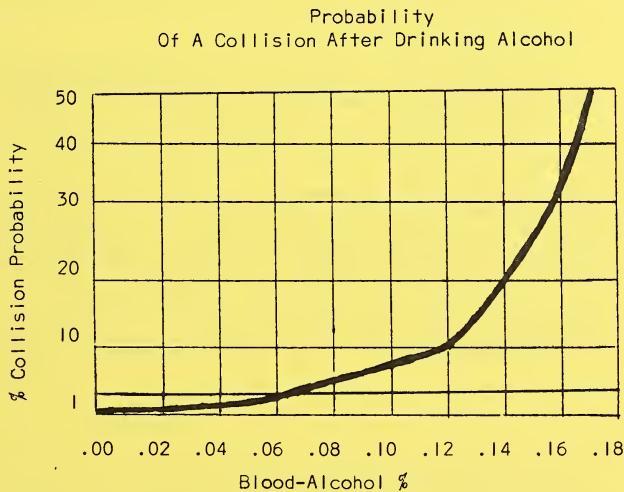
Because of emotional and physical differences, such as size or fatigue, the effects of alcohol differ from one person to another. Furthermore, alcohol will not affect people the same way every time they drink. A change in the contents of the stomach, one's emotional state, or the type of drink can cause reactions to vary.

Some people drink simply for the experience of feeling "high." They want to experience the special feeling that alcohol creates. Therefore, they may feel high after consuming a relatively small amount of alcohol. Their mental processes, however, may be impaired just as though they were truly intoxicated.

It is impossible to predict accurately the behavioral changes that will take place in individuals who drink. The only sure prediction is that the use of alcohol will not improve driving performance and in any quantity will impair judgment. As judgment deteriorates, the people feel that they are actually more skilled than while sober. They are therefore likely to take more chances in passing, speeding, and negotiating curves than usual.

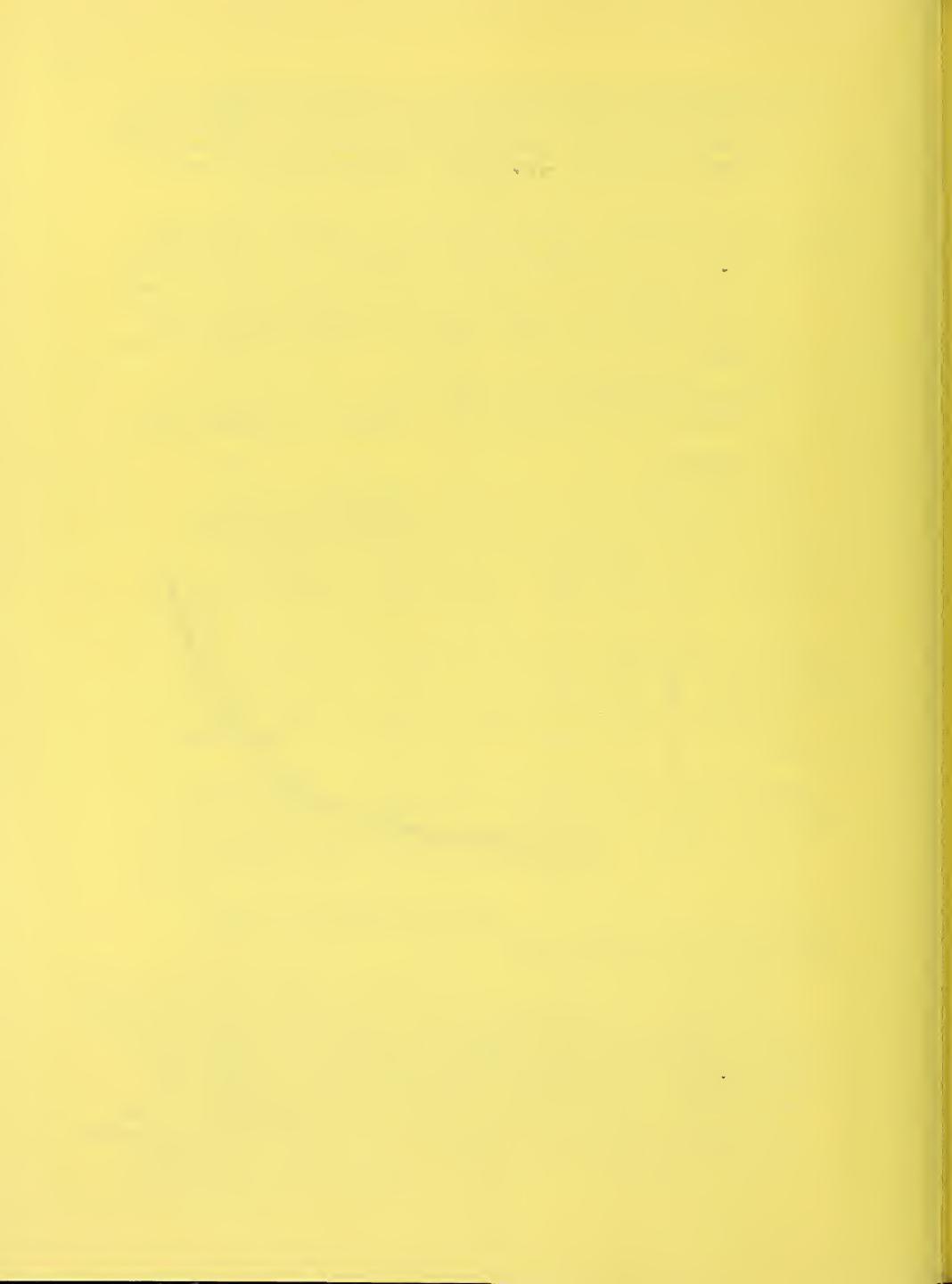
To illustrate this point, Figure 3 below shows the increased probability of a collision with increased blood-alcohol levels.

Figure 3



D. Alcohol and the Young Driver

Drinking and driving appears to be a special problem among young drivers. This problem is illustrated by the fact that at least six out of every ten highway deaths of drivers between 16 and 24 involve drinking and driving. There are several possible explanations for this. One is that young drivers are generally learning to drink at a time when they are still developing the judgments and skills necessary for safe driving. Their driving skills may be less automatic. In other words, because they are less experienced, they have to think more about how they drive, and alcohol affects their ability to think clearly, logically, and quickly. In addition, teenagers are often affected



more quickly and severely than adults by alcohol because they usually weigh less than adults.

E. Drinking, Driving, and the Law

Because the use of alcohol so dramatically reduces the ability of a person to drive, all states have laws regarding drinking and driving.

1. The Legal Definition of D.W.I. In Montana, a driver is convicted of driving while intoxicated (D.W.I.) on the basis of evidence presented to the judge or court by a police officer. An officer who sees a driver breaking a law and suspects the driver of being intoxicated will make an arrest and then gather evidence. This evidence must include the officer's notes about the driving behavior of the person charged, the time, the date, where the offense occurred, and usually, the results of chemical tests that determine the amount of alcohol in the blood. (These tests can be given only after an arrest has been made. In Montana, a driver who is arrested and has a blood-alcohol level of 0.10% can be charged with driving under the influence of alcohol.)
2. Chemical Tests for Intoxication. Chemical tests consist of an analysis of breath, blood, or urine samples. The breath test is the most common and is usually administered with a device called a breathalyzer. These tests must be administered by trained professionals.

A person who has been arrested and refused to submit to a chemical test for blood-alcohol level may be charged under a law known as an implied consent law. The implied consent law means that people who apply for and receive driver's licenses consent to a chemical test for the presence of alcohol if they are arrested for a driving offense and are suspected of driving while intoxicated. The state department of motor vehicles or the agency that issued the driver's license can suspend the driver's license of anyone who refuses the test.

F. The Drinking-Driving Decision

Many drivers are aware of the effects that alcoholic beverages have on their driving performance, and they avoid driving after they drink. Others attempt to modify the effects of alcohol by eating before they drink or by drinking only at meals. Still others limit the number of drinks they have, or they space their drinks so that their blood-alcohol level does not get too high.

The decisions one makes about drinking are personal decisions. No one can force another to drink or not drink, nor to ride with someone who has been drinking. However, decisions must be made before one begins drinking, because once started, alcohol interferes with making sound decisions.

Human beings make mistakes, even when they are performing at top level. Remember that consumption of alcohol simply increases the chances of such mistakes. The more a person drinks, the greater the risk he/she takes.



G. Drinking and Driving Statistics in Montana

The following statistics are from the Montana State Highway Patrol 1977 summary of accidents involving the drinking driver:

- a. 51% of drivers killed had been drinking *
- b. 23% of passengers killed had been drinking *
- c. 31% of pedestrians killed had been drinking *
- d. 39% of all persons killed had been drinking *
- e. 27% of all persons injured had been drinking *

* .05% blood alcohol or more

H. Accidents for Teenage Drivers

In 1977, 25% of drivers involved in all accidents and 25% of drivers involved in fatal accidents in Montana were under 20 years of age.

II. DRINKING AND OTHER SAFETY PROBLEMS

A statistical bulletin of the Metropolitan Life Insurance Company reports that "A study of fatal home accidents among policy holders indicates that alcohol plays an important role in (household) . . . accidents among young adults and middle aged." Another study of nonfatal home accident victims in Massachusetts reported that 21 per cent of the males had been drinking and almost 9 per cent of the females were similarly affected. In both of the above studies falling asleep with a lighted cigarette, poisoning and drownings all had drinking associated with them.

In a similar report, the Federal Aviation Agency reported that 35.4 per cent of the pilots of private planes that were killed had measurable blood alcohol concentrations. Another study showed that 39 per cent of the general aviation (noncommercial) pilots killed had alcohol in their bodies.

A study of pedestrian fatalities showed that 40 per cent of those killed had blood alcohol concentrations of 0.10 per cent in comparison with 8 per cent of those not hit who were on the streets at the same times and locations.



X. TEENAGE DRINKING

I. TEENAGE DRINKING PATTERNS

There are many adults today who have breathed a sigh of relief because, apparently, the "drug" problem has subsided. However, there is growing concern among other adults about the increased use of alcohol by teenagers. Every indication suggests that young people have merely shifted their drug use to involve to a greater extent the more socially-acceptable drug, alcohol.

Recent research on adolescent drinking reveals some general trends in their drinking behavior:

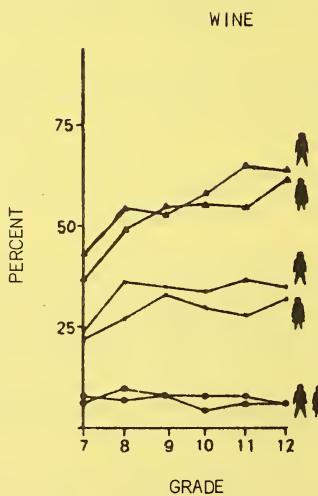
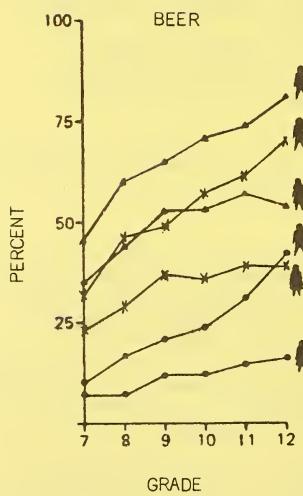
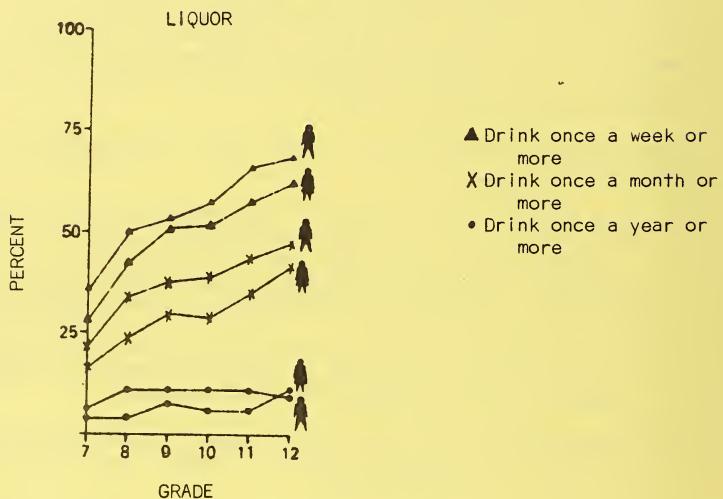
1. The personal use of alcohol is not solely an adult experience in this society. The first personal use of alcohol is typically reported to be in the home, with parents or other relatives present. Independent drinking, away from home, usually occurs at about age 10-13 or the beginning of junior high school.
2. The probability is quite high that almost every adolescent in our society will have used an alcoholic beverage at least once before being graduated from high school.
3. Adolescents who drink typically report that at least one parent is a user. Abstinent adolescents usually report that their parents are also abstinent.
4. The proportion of drinking adolescents who claim parental approval is greatest among those who confine their drinking to the home.
5. Among adolescents, as among adults, the probability that an individual will be a user varies with such social factors as sex, age, socio-economic position, ethnic and religious background, and rural or urban residence.
6. The number of regular drinkers, the quantity of alcohol consumed and the frequency of use in this population increase proportionately with age. (See figure 1).

A study completed in 1974 by the Addiction Research Foundation of Toronto, indicates that dangerous, illicit drug use has declined since 1970, but the use of alcohol and marijuana has increased consistently and significantly over the past six years. It was noted in the study that the percentage of students reporting the use of alcohol at least once in the past six months has jumped to 72.9 per cent in 1974 from 46.3 per cent in 1968. The study was conducted in metropolitan Toronto, but the results were very much the same as those found in studies conducted in California over the same time span.

Changes in where teenage drinking takes place with advancing age was noted in a recent study: from 60 per cent of seventh graders who only drank at home on special family occasions to 75 per cent of

FIGURE 1 PERCENT OF DRINKERS AMONG TEENAGERS BY SEX,
GRADE, FREQUENCY OF DRINKING AND TYPE OF BEVERAGE

1974



twelfth grade teenagers who said they drank at unsupervised parties. (See figure 2).

In a separate study, NIAAA gathered information about drinking patterns of older adolescents attending colleges and universities. The trend toward almost universal use of alcohol was also evident in this age group. In reviewing surveys of alcohol use on college and university campuses, it was found that the percentage of college students that drink ranges from 71 per cent to 96 per cent. At most schools it ranged from 87 per cent to 93 per cent.

These figures are probably an underestimation because there is little hard data available about drinking patterns among young people who are not in school. Some studies of out-of-school youth indicate that this population has a higher proportion of drinkers than the school population.

II. PROBLEM DRINKING AMONG TEENAGERS

As alcohol consumption among young people rises, so do problems related to the use of alcohol. A study on alcohol use and driving sponsored by the National Highway Traffic Safety Administration in 1974 surveyed high school students, from freshman through senior years. These students were from 25 geographical areas selected to represent the national picture. It was concluded from this study that there is an alarming amount of drinking and driving taking place among a large, mainstream group of U.S. youth. In fact, high school students are in contact with alcohol-related situations almost as often as adults are today.

Arrests of persons under 18 for alcohol-related offenses (driving while intoxicated, liquor law violations, and drunkenness) increased nationally by 135 per cent between 1960 and 1973. Among these, arrests for driving while intoxicated increased by more than 400 per cent. These figures were obtained from the Uniform Crime Reports, 1974.

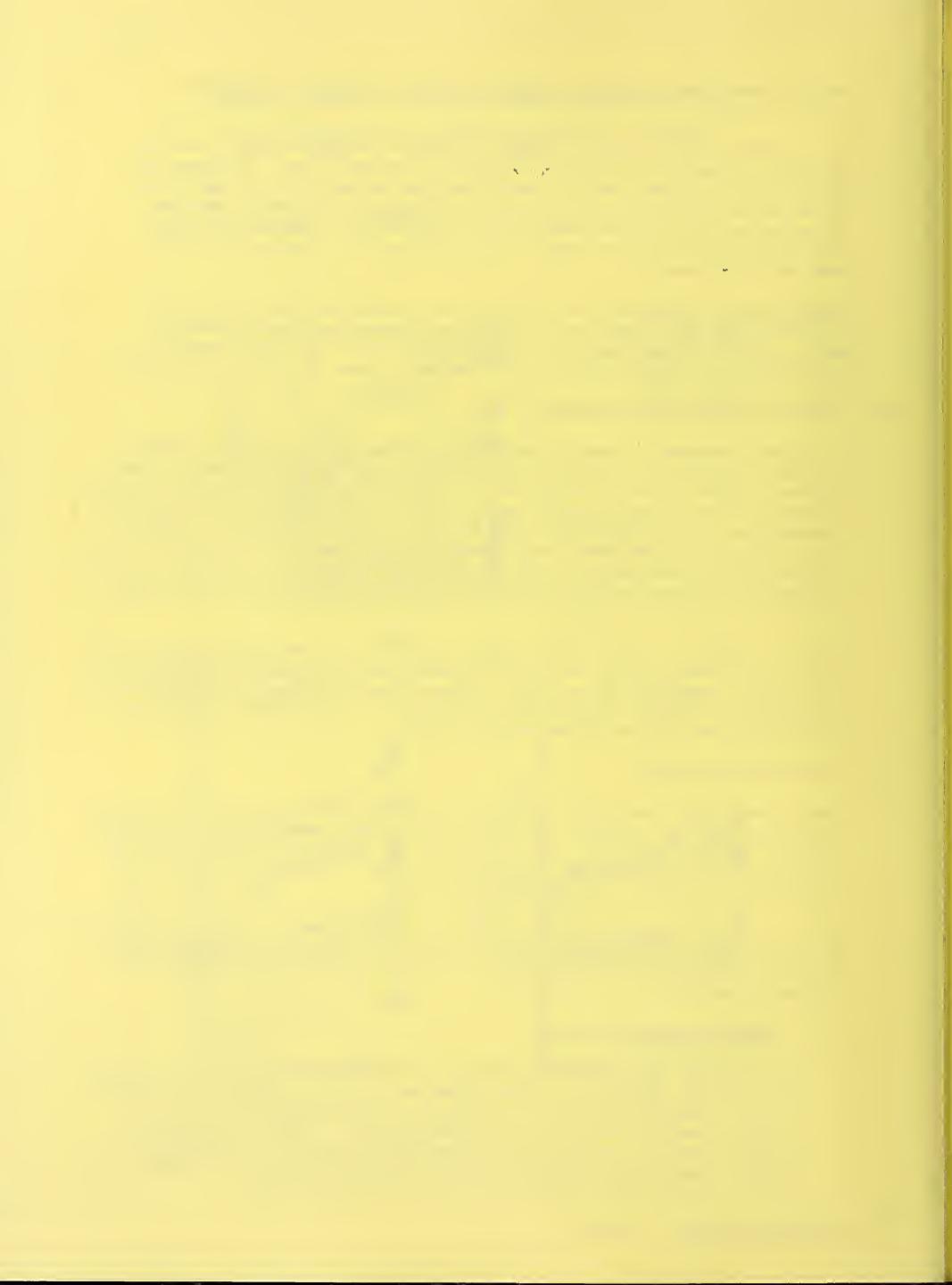
III. REASONS FOR DRINKING

One of the things that concerns people most about teen-age drinking is the question of why it happens. Most of the decisions parents make about what, if any, rules to set, what difficulties to try to counteract, even how to talk about drinking to a son or daughter, hinge in many ways on what they believe to be the basis for teen-age drinking.

Why is always a complicated question to answer. Studies of teen-age drinking do not 'prove' that teen-agers drink for any one reason, but suggest there may be a variety of factors involved. Some of these are outlined in the following sections.

A. The First Drink

Often young people have been asked why they drank for the first time. Reasons for starting to drink center mainly around celebrating a holiday or special occasion, curiosity about drinking, or because their families served them drinks. Taken together, these three reasons account for well over half the adolescents' answers for beginning to drink. Reasons for continuing to drink include: boredom, to get high, to lower their inhibitions so they can have more fun.



B. Peer Pressure

Another explanation of adolescent drinking is that it is the result of social pressure from other adolescents. The desire to be one of the crowd is a popular explanation for many things that people do. Almost every parent is used to hearing explanations about what "everybody else" does, and is familiar with the argument beginning, "All the other kids are . . ." Ideas about drinking are spread in the same way as styles of hair cuts, clothes, etc.

The adolescent years are a time when young people are moving toward self-reliance. If it begins to seem too "childish" to a young person to look for moral support from adults on various issues, other young people can partially fill in the gap. So adolescents are often quite vulnerable to the opinions, the approval and criticism of their friends. The need to belong is felt by everyone, but for teenagers this need is intensified, and to be 'out of it' can be especially hard to take.

C. Symbol of Adulthood

Another theory about adolescent drinking is that young people drink mainly in order to seem grown up. Drinking becomes a badge of adulthood and sophistication, and is a way of proving oneself. Studies indicate that young people are more likely to drink as they come closer to adulthood--up to about the age of seventeen when the percentage of youths who drink approximates the rate among adults. Older youths are more likely to drink more often, too, and to drink more, which is what one would expect if drinking is a way of asserting adulthood.

D. Rebellion

The rebellion theory holds that drinking is a kind of rebellion against the adult world, and young people who drink do so to protest against adult authority.

This theory does explain some adolescent drinking. There are some groups in which this is true, and it is likely that every young person has thoughts about rule-breaking on occasion. But as a general explanation of all adolescent drinking, this view is contradicted by other evidence.

E. Imitation

Many people would say that the best explanation for adolescent drinking is quite simple: They drink because their parents do.

Adolescents do not invent the idea of drinking, they learn it. The acceptability and desirability of drinking are continually suggested by the elaborate integration of the use of alcohol into American culture and through adult social behavior.

It is not surprising that young people use alcohol, since two out of three American adults choose to drink.

What youth see today is a mixed model of adult use and misuse of alcohol and they sense the ambivalent attitudes of their elders toward alcoholic beverages. The drinking behavior of parents is more closely related to what their children do about drinking than is any other factor.

Social grace, especially as presented on T.V., presents drinking as a value worth imitating.

XI. DRINKING PATTERNS

I. INTRODUCTION

Some people drink and some don't! A very simple statement! However, the reasons for abstaining or drinking are as varied as the people themselves. Because of this wide variation it would be impossible to list all of those reasons. It is important to realize that many people do or do not drink for similar kinds of reasons, including:

A. Reasons for Drinking

- . To heighten their pleasure when they're having a good time.
- . Because they like the taste.
- . Continuing a habit acquired in youth.
- . Because their parents drank.
- . Because they like the way alcohol makes them feel.
- . Out of curiosity.
- . As a means of celebrating a special occasion.
- . To relieve worries and anxieties or tensions and fatigue.
- . Because of social pressures.
- . Because it is a family tradition to drink alcoholic beverages, usually wine or beer, with meals.
- . To feel closer to other people, share their happiness.

B. Reasons for Not Drinking

- . Because of personal convictions against drinking.
- . Because the religion which they practice prohibits its use.
- . Do not like the taste of it.
- . Because they are athletes and its use is against regulations.
- . It's too expensive.
- . Because of ill health or because of an allergy to alcohol.
- . Because they choose not to consume anything that will impair mental and physical processes.

It has been suggested by some that there are basically five "rational" reasons for drinking alcoholic beverages. These reasons are:

1. To quench a thirst;
2. To savor the taste;
3. To relax;
4. To enhance socialization;
5. To serve a medicinal function.

It should be noted that each of the suggested "rational" uses of alcoholic beverages has limits, beyond which continued use becomes "irrational" and inappropriate. For example:

1. People who state that they only drink to "quench a thirst" while at the same time consume a six-pack of beer on a hot afternoon after mowing the lawn, have passed the "rational" limits. Would such people drink 72 ounces of water to "quench a thirst"?

2. Individuals who say they only drink because they like the taste of alcoholic beverages, and then admit to consuming twenty beers or six to eight mixed drinks. The "rational" limits of drinking for taste have been passed because, physiologically, the depressant effect of alcohol has deadened the taste buds to the point that they can no longer actually taste the beverage.
3. Drinking for relaxation also has its limits. The individual who is arrested for Driving While Intoxicated and "scores" a .36 blood/alcohol content on a Breathalyzer test has passed the "rational" limits for the use of alcohol as a relaxant.
4. The individual drinking to enhance a social situation may also drink beyond the "rational" limits. Few persons would disagree with the conclusion that the thoroughly intoxicated individual is more anti-social than social.
5. Finally, the medicinal uses of alcohol are extremely limited and excessive use for this purpose quickly gets beyond "rational" limits. Alcohol is a depressant drug, but there are many other such drugs which are more effective and safer for use as a medicine.

C. Patterns

Regardless of the reasons, the fact is, people do drink.

Drinking patterns are primarily a matter of statistics, and it seems that statistical surveys about alcohol consumptions are "cheaper by the dozen."

Sometimes it seems like people can reach any conclusion they want depending on how the figures are juggled. This paragraph is intended to serve as a word of caution before attempting to read the following tables excerpted from the American Drinking Practices study by Don Cahalan and Alcohol and Health, New Knowledge by the National Institute on Alcohol Abuse and Alcoholism. Keep in mind that these are only 2 studies and they may very well disagree with some other studies done by other people at other times. However they are recognized by a number of professionals in the field as the best statistical studies of American drinking practices available. When professionals were asked about the current relevance of the Cahalan study, done in 1964-65, the unanimous response was "the total consumption may have increased, but the overall patterns have remained the same."

II. SOCIOCULTURAL CORRELATES OF DRINKING

Sociocultural factors previously found to be associated with whether and how much a person drinks continue to be strongly correlated with consumption patterns. Among such factors are sex, age, ethnic background, religious affiliation, education, socioeconomic status,

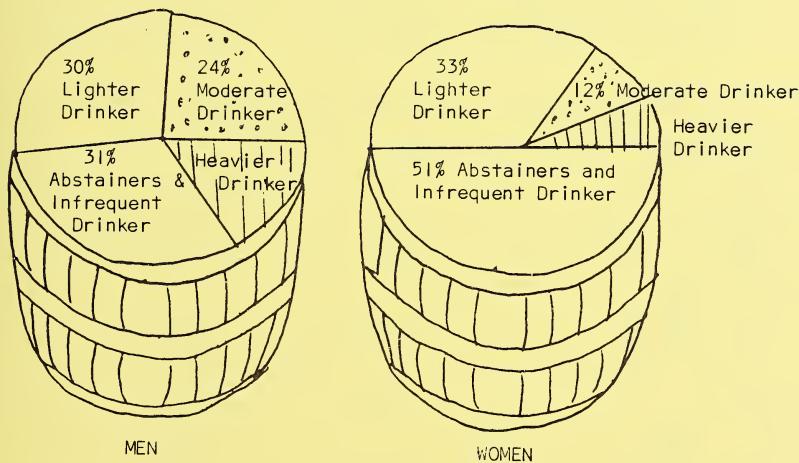
occupation, and area of residence and degree of urbanization.

A. Sex

The proportion of adult women who drink has been increasing steadily since World War II, and the results of recent surveys indicate that this trend is continuing. About 47 per cent of adult women now drink once a month or more. However, men are nearly twice as likely to be moderate drinkers and three times as likely to be heavy drinkers in comparison with women. In the study most men up to 65 years reported drinking at least once a month. The highest proportion of heavier drinkers occurred among men aged 18 to 20 and 35 to 39. Women aged 21 to 29 had the highest proportion of heavier drinkers.

FIGURE I PERCENT OF DRINKERS AND TYPES OF DRINKERS BY SEX

U.S.A. 1972-1974



B. Age

A larger proportion of drinkers is consistently found in the younger age groups (21 to 24 years) and a larger proportion of abstainers is found among older persons. Despite the increase in young adults between ages 21 and 24 who drink once a month or more, heavier drinking among men is higher in the 18- to 20-year group than in the 21- to 24-year group.

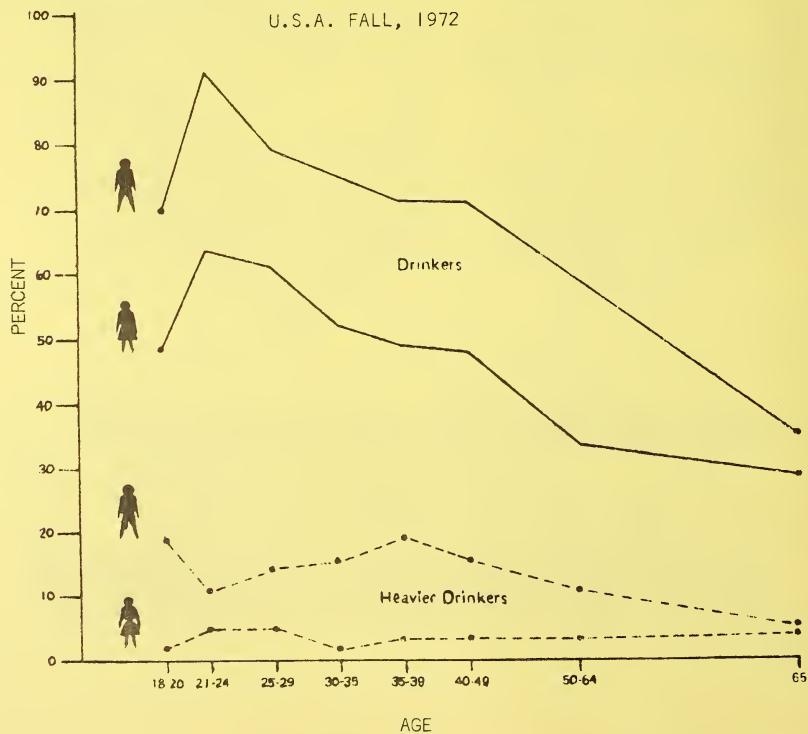
Similar proportions of young adult drinkers and nondrinkers were reported in two recent nationwide surveys. A 1970 survey of young men 1 year after high-school graduation revealed that 67

per cent drank once a month or more. The survey results also showed an increase in the frequency of regular drinking (once a week or more) from 33 per cent during high-school years to 44 per cent the following year. It is interesting that the amount of regular drinking was higher among high-school students who joined the military (55 per cent) than among those who entered civilian jobs (48 per cent) or college (38 per cent). The military sample not only started out with higher use rates than most other groups but also showed the highest rate of conversion from abstinence to use.

A 1971 Gallup survey of a national sample of full-time college students revealed that 60 per cent had drunk beer during the 30 days before the interview; 52 per cent had drunk wine and 49 per cent spirits. Consumption frequency had increased between ages 18 and 24 and was higher among men than women.

The overrepresentation of young adults in the drinking population was further corroborated by a survey of 2,938 Irish- and Italian-Americans. The use of large quantities of all beverages in both these populations declines consistently with age. The 18- to 20-year olds reported the highest levels of frequent consumption of five or six drinks at an occasion.

FIGURE 2 PERCENT OF DRINKERS AND HEAVY DRINKERS AMONG ADULTS BY, SEX AND AGE,



C. Racial and Ethnic Background

The rates of alcohol use and alcoholism tend to vary among various ethnic and racial groups.

Alcoholism and problem-drinking rates tend to be low among groups whose drinking habits are well integrated with the rest of their culture.

It has been reported that Irish-Americans have more problem drinking than other Americans of the same social class, that little of their drinking is associated with important rituals, and that intoxication is often deliberately sought. Italian-Americans, on the other hand, have strong sanctions against drunkenness, apply little social pressure to participate in drinking, and usually consume alcohol with meals.

Racial differences in drinking patterns occur with the American Indians who have a much higher per-capita rate of alcoholism than Black, Asian, Chicano, or white Americans.

The table below indicates some of the differences in drinking patterns between black and white Americans according to Cahalan's study.

TABLE I PERCENTAGE OF RESPONDENTS BY RACE AND SEX

	N	Abst.	Infreq.	Light + Mod.	Heavy	% Heavy of All Drinkers
Total sample	2746	32	15	41	12	18
White	2511*	31	15	42	12	17
Black	200	38	12	36	14	23
Men						
White	1082	23	10	45	22	29
Black	82	21	13	47	19	24
Women						
White	1429	39	19	38	4	7
Black	118	51	11	27	11	22

* Excluded are 35 persons of other races.

D. Religious Affiliation

One of the most closely studied drinking control systems has been the degree and type of involvement with religion. Abstinence is distinctly more frequent among members of certain religious groups.

Cahalan's survey revealed that there were relatively high proportions of drinkers and heavy drinkers among Catholics. Although Jews had

the lowest proportion of abstainers among the three major religions, they had a very large proportion of light drinkers and the lowest proportion of heavy drinkers. Liberal Protestants showed a pattern rather similar to that of the Catholics in proportions of drinkers, except that there were fewer heavy drinkers among the liberal Protestants. Conservative Protestants had the largest proportion of abstainers and the lowest proportion of heavy drinkers when the four groups were compared.

The 1972-74 surveys indicate that the same basic relationship exists among the three major religions, but there appeared to be an increase in both light and moderate drinking among Jews and Catholics. The proportions of Protestants in these categories have remained about the same since 1965. The 1972-74 data show, however, that the proportion of respondents who said they had no religious affiliation is about double that in 1965. Thus, some changes within denominational categories may be accounted for by secularization.

The relation between religious participation and drinking patterns of adolescents has received considerable attention in a number of studies. The frequency of church attendance has been viewed as a behavioral measure of involvement in the adult social control system and of exposure to conventional norms. In a longitudinal study of drinker status in adolescence, one group of investigators reported that religiousness and frequency of church attendance were strongly related to abstinence.

On an index of religious participation, problem drinkers among highschool students in Mississippi tended to score lower than nonproblem drinkers in one study. Similar relationships were reported in a review of two nationwide surveys of American youth.

TABLE 2 PERCENTAGE OF RESPONDENTS BY RELIGION AND SEX

	N	Abst.	Infreq.	Light + Mod.	Heavy	% Heavy of all Drinkers
<u>Total Sample</u>	2746	32	15	41	12	18
Conservative Protestant	1305	48	14	31	7	13
Methodist & Similar*	515	34	17	39	10	15
Baptist	521	53	11	29	7	17
Other						
Conservative Protestant	269	64	12	21	3	8
Liberal						
Protestant**	471	20	15	52	13	16
Lutheran	207	19	14	52	15	19
Presbyterian	159	25	16	47	12	16
Episcopalian	80	9	13	66	12	13

	N	Abst.	In freq.	Light + Mod.	Heavy	% Heavy of all Drinkers
Protestant, no denomination	46	35	10	35	20	29
Catholic	764	17	15	49	19	23
Jewish	73	8	26	56	10	11
No religion; not ascertained	69	21	13	46	20	25
Miscellaneous	18					
<u>Men</u>						
Conservative Protestant Methodist and similar	550	35	13	39	13	20
Baptist	219	26	16	40	18	24
Other Con- servative Protestant	226	37	9	41	13	21
	105	49	15	32	4	8
Liberal Protestant	193	13	8	56	23	26
Lutheran	84	14	7	54	25	29
Presbyterian	69	17	8	55	20	24
Episcopalian	32	2	8	65	25	26
Catholic	330	9	6	52	33	36
Jewish	27	4	11	60	25	26
<u>Women</u>						
Conservative Protestant Methodist & Similar	755	58	14	25	3	7
Baptist	296	40	18	38	4	7
Other Con- servative Protestant	295	66	13	18	3	9
	164	75	10	13	2	8

	N	Abst.	Infreq.	Light + Mod.	Heavy	% Heavy of all Drinkers
Liberal						
Protestant	278	24	20	50	6	8
Lutheran	123	23	20	50	7	9
Presbyterian	90	31	21	41	7	10
Episcopatian	48	13	17	67	3	3
Catholic	434	22	22	47	9	10
Jewish	46	11	36	53	0	0

*Methodists, United Church of Christ, Congregationalists, Disciples of Christ
Evangelical, United Brethren.

**Liberal Protestants include a few persons of miscellaneous denominations
in addition to the three denominations listed.

E. Education

As in 1964-65, the amount of education is still strongly related to whether a person drinks and to the quantity consumed. The highest proportion of abstainers is found among persons with less than an 8th-grade education. The proportion of heavier drinkers increases fairly steadily from those with grammar-school education to those with postgraduate training. There are slightly more heavier drinkers among college graduates than among persons with postgraduate education, however.

TABLE 3 PERCENTAGE OF RESPONDENTS BY EDUCATIONAL LEVEL

	N	Abst.	Infreq.	Light + Mod.	Heavy	% Heavy of all Drinkers
Total sample	2746	32	15	41	12	18
Grammar school or less	710	47	13	29	11	20
Some high school	554	34	16	40	10	15
Completed high school	723	26	18	42	14	19
Some college	444	26	13	46	15	20
College graduate	315	18	11	59	12	15

F. Socioeconomic Status

Recent surveys of adults continue to substantiate the previously documented relationship between social class and alcohol consumption--proportionately more people on the lower socio-

economic levels are abstainers than on the upper levels. These surveys also reveal that moderate and heavier drinking increases as social class rises.

The results of surveys among adolescents generally agree with this finding. A recent study of Toronto junior and senior high-school students shows that alcohol use was highest among children whose fathers were professionals or managers. A nationwide survey of young American men indicates that the wealthier among them increased their regular use of alcohol (once a week or more) by 21 per cent after high school, compared to a 5 per cent increase among the poorer men.

TABLE 4 PERCENTAGE OF RESPONDENTS BY FAMILY INCOME AND SEX

	N	Abst.	Infreq.	Light + Mod.	Heavy	% Heavy of all Drinkers
Total sample	2746	32	15	41	12	18
<u>Family Income</u>						
Under \$2000	349	56	13	26	5	11
\$2000-3999	450	49	14	29	8	16
\$4000-5999	547	36	14	39	11	18
\$6000-7999	521	25	17	48	15	20
\$8000-9999	387	24	14	48	14	18
\$10,000-14,999	315	16	16	51	17	20
\$15,000 +	174	16	11	58	15	18
No information	3					
<u>Men</u>						
Under \$2000	111	44	13	35	8	14
\$2000-3999	173	34	14	39	13	20
\$4000-5999	223	21	11	46	22	28
\$6000-7999	253	21	11	44	24	31
\$8000-9999	168	18	7	51	24	29
\$10,000-14,999	158	13	8	50	29	34
\$15,000 +	89	15	4	57	24	28
<u>Women</u>						
Under \$2000	238	63	13	21	3	8
\$2000-3999	277	60	14	21	5	11
\$4000-5999	324	47	16	34	3	7
\$6000-7999	268	29	23	42	6	8
\$8000-9999	219	28	19	47	6	8
\$10,000-14,999	157	18	25	52	5	6
\$15,000 +	85	17	17	60	6	7

G. Occupation

Cahalan's survey showed that as a group, farm owners had the lowest proportions of drinkers and heavy drinkers, whereas professionals and businessmen had the highest proportion of drinkers. Semiprofessional men who drink had the highest proportion of heavy drinkers, and among women who drink, service workers had the highest proportion of heavy drinkers.

A survey of 528 executives from among the 500 largest manufacturing companies and from each of the 50 largest banks, utilities, and transportation, merchandising, and life-insurance companies in the United States was conducted in 1972. The results of this study strikingly showed that only 7 per cent of the men were abstainers or drank less often than once a month, compared to 33 per cent of all men in the country in Cahalan's 1964 survey. The proportion of heavy drinkers was considerably less than that found in Cahalan's national probability sample, however: 13 per cent of the executives were classified as heavier drinkers compared to 21 per cent of the men in the national sample. Most of the executives (48 per cent) were moderate drinkers, but 17 per cent said they worried that they were "doing too much drinking." Figures were not available for women in similar positions.

H. Residence

Alcohol consumption varies considerably by geographic region in the United States. There are proportionately more drinkers in New England and the Middle Atlantic and Pacific Coast States than elsewhere.

Although earlier studies disclosed that heavier drinking was also more prevalent in these highly urbanized areas, it appears from more recent surveys that previously strong regional contrasts may be decreasing, even though the basic distinctions still exist. It now seems that the proportion of heavier drinkers is increasing slightly in such traditionally "light" drinking areas as the Southeast and Mountain States, and that it is decreasing slightly in the Coastal and Middle Atlantic regions. It is difficult to determine whether these shifts may be due to real changes in individual drinking habits or to the rather complex mobility patterns of the population as a whole.

Rural areas and small towns have larger proportions of abstainers, and cities and suburbs have proportionately more drinkers. Cities and suburbs continue to have almost double the proportion of moderate drinkers as small towns and rural areas. Whereas Cahalan's survey showed that the largest proportion of heavy drinkers lived in cities, the more recent surveys (1972-74)--using a lower quantity-frequency index for "heavy drinking"--classify equal proportions of suburban and city dwellers as heavier drinkers (12 per cent each). Small towns and rural communities have smaller proportions of heavier drinkers (9 and 8 percent, respectively).

III. PROFILE OF PROBLEM AND NON-PROBLEM DRINKERS

Analysis of the data from the 1973 national survey revealed the following profile of drinkers:

CHART I PERSONS MOST LIKELY TO HAVE NO ALCOHOL-RELATED PROBLEMS

1973

Lowest rates of alcohol-related problems for respondents in the 1973 national survey were found among:

- Women
- Persons over 50
- Widowed and married persons
- Persons of Jewish religious affiliation
- Residents of rural areas
- Residents of the South
- Persons with postgraduate educational levels
- Persons who are mostly "wine drinkers"

PERSONS MOST LIKELY TO HAVE HIGH PROBLEM RATES 1973

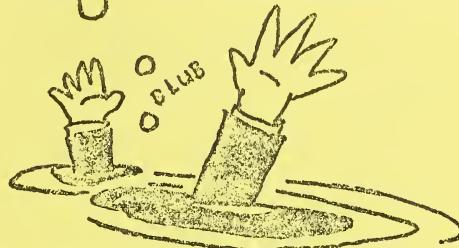
Highest rates of alcohol-related problems for respondents in the 1973 national survey were found among:

- Men
- Separated, single, and divorced persons (in that order)
- Persons with no religious affiliation
- Persons who are beer drinkers as compared with those who are mostly hard liquor or wine drinkers
- Persons who were more likely (compared to other persons in the survey) to say: "Drunkenness is usually not a sign of social irresponsibility"

and

"Drunkenness is usually a sign of just having fun"

WHERE
IS
HELP?

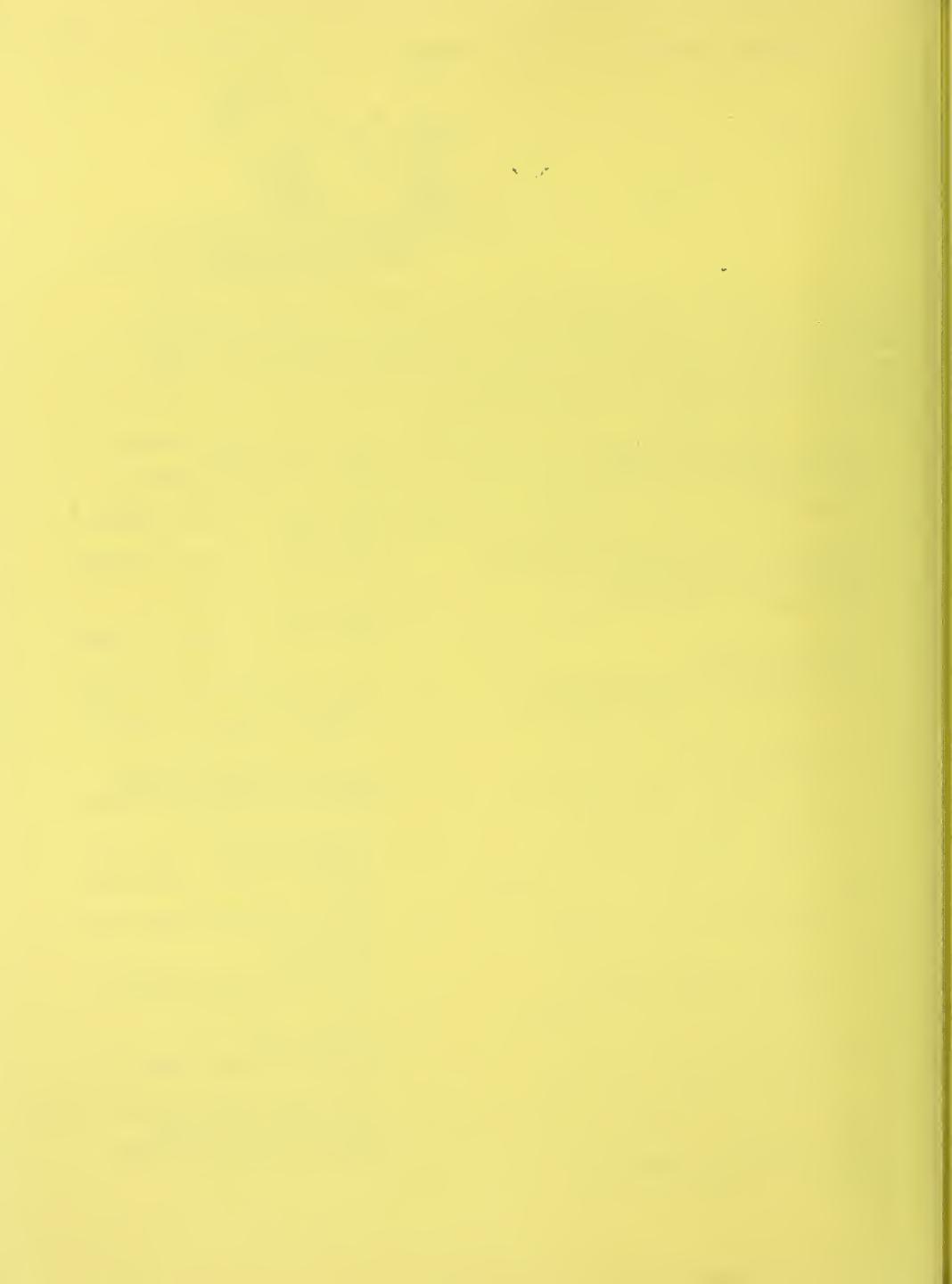


If you feel you have a drinking problem or if you need help coping with the drinking problem of a family member or someone else, there are many agencies to help you. Check the map of the following page for the location of facilities near you and find the corresponding number(s) on the listing below for the address and phone number. These agencies and organizations provide information for alcoholics and the families of alcoholics.

1. FRANCES MAHON DEACONESS HOSPITAL/
CHEMICAL DEPENDENCY CENTER
P.O. Box 4715
Glasgow AFB, MT 59231 (524-6281)
2. HIGH PLAINS COUNCIL FOR DISTRICT I
DISTRICT II PUBLIC ALCOHOLISM PROGRAM
Sheridan County Courthouse
Plentywood, MT 59254 (765-2530)

Satellite Offices:

- A. Sheridan County Courthouse
Plentywood, MT 59254 (765-2361)
- B. Roosevelt County Courthouse
P.O. Box 357
Wolf Point, MT 59201 (653-2131)
- C. Daniels County Courthouse
Scobey, MT 59263 (487-5901)
- D. District I Alcohol & Drug Program
P.O. Box 852
Glasgow, MT 59230 (228-9093)
- E. Glendive Alcohol Satellite
Glendive Medical Center
Glendive, MT 59330 (365-5942)
- F. Sidney Alcohol Satellite
221 5th St. SW
Sidney, MT 59270 (482-4097)
3. FORT PECK TRIBAL ALCOHOLISM PROGRAM
P.O. Box 307
Poplar, MT 59255 (768-3852)
4. TRI-COUNTY ALCOHOL PROGRAM
10 W. Fallon Ave.
Baker, MT 59313 (778-2944)
5. CUSTER COUNTY ALCOHOL PROGRAM
Courthouse
Miles City, MT 59301 (232-6542)
6. HOLY ROSARY HOSPITAL
2101 Clark
Miles City, MT 59301 (232-2540)
7. ROSEBUD COUNTY ALCOHOL PROGRAM
P.O. Box 251
Forsyth, MT 59327 (356-2670)
8. PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301 (232-1377)
9. NORTHERN CHEYENNE RESERVATION
ALCOHOL PROGRAM
Lame Deer, MT 59043 (477-6381)
10. REGIONAL PREVENTION/EDUCATION
COORDINATOR
P.O. Box 224
Forsyth, MT 59327 (356-7313)
11. MEDICINE PINE LODGE
P.O. Box 426
Browning, MT 59417 (338-7178)
12. FORT BELKNAP TRIBES ALCOHOL PROGRAM
Fort Belknap Reservation
Harlem, MT 59526 (353-2205)



13. HILL-TOP RECOVERY CENTER
P.O. Box 750
Havre, MT 59501 (265-9665)

Satellite Offices

G. P.O. Box 1384
Fort Benton, MT 59442 (622-3625)

H. 350 O'Haire Blvd.
Shelby, MT 59474 (434-5002)

I. Box 1017
Chinook, MT 59523 (357-3195)

J. Conrad, MT 59425 (278-7752)

14. PROVIDENCE ALCOHOLISM CENTER
920 4th Ave. North
Great Falls, MT 59401 (727-2512)

15. ROCKY BOY TRIBAL ALCOHOLISM PROGRAM
Rocky Boy Route
Box Elder, MT 59521 (395-2736)

16. CASCADE COUNTY ALCOHOL PROGRAM
1601 2nd Ave. North - Room 109
Great Falls, MT 59401 (452-6430)

17. RIMROCK GUIDANCE FOUNDATION
923 North 29th Street
Billings, MT 59101 (248-3175)

18. SWEET GRASS COUNTY FOUNDATION
P.O. Box 757
Big Timber, MT 59011 (932-3611)

19. STILLWATER ADDICTIVE DISEASES FOUNDATION
Stillwater Community Hospital
Columbus, MT 59019 (322-5245)

20. WHEATLAND FAMILY SERVICES
Box 633
Harlowton, MT 59036 (632-4778)

21. GOLDEN VALLEY FOUNDATION
P.O. Box 186
Ryegate, MT 59074 (568-2385)

22. MUSSELSELL COUNTY FOUNDATION
1202 3rd St. W. - P.O. Box 917
Roundup, MT 59072 (323-1806)

23. CARBON COMMUNITIES SERVICES
P.O. Box 942
Red Lodge, MT 59068 (446-2296)

24. ALCOHOL & DRUG SERVICES OF
CENTRAL MT, INC.
P.O. Box 963
Lewistown, MT 59457 (538-8421)

25. DAY BY DAY HALF WAY HOUSE
28 Burlington
Billings, MT 59101 (252-8521)

26. CROW TRIBAL ALCOHOL PROGRAM
P.O. Box 28
Crow Agency, MT 59022 (638-2662)

27. SOUTH CENTRAL MT MENTAL HEALTH CTR.
1245 North 29th Street
Billings, MT 59101 (252-5650)

Satellite Office

K. BIG HORN COUNTY ALCOHOL PROGRAM
P.O. Box 495
Hardin, MT 59034 (665-3542)

28. SOUTHWESTERN MT ALCOHOLISM SERVICES
801 North Last Chance Gulch
Helena, MT 59601 (442-0310)

Satellite Offices

L. Southwestern Alcoholism Services
512 Logan
Helena, MT 59601 (442-8831)

M. Bozeman Problem Drinking Center
Room 136 - 1st National Bank Bldg
Bozeman, MT 59715 (586-5493)

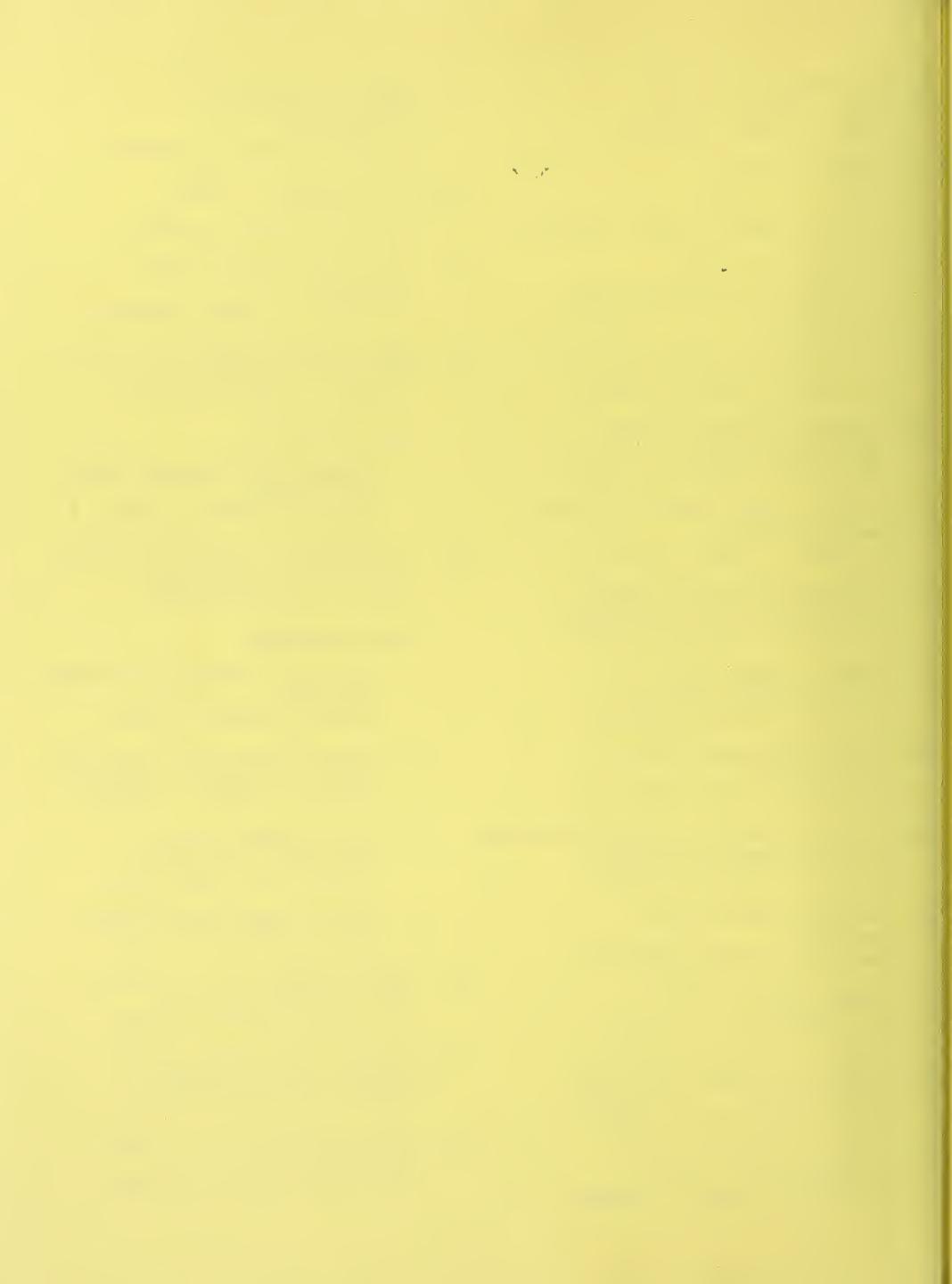
N. Dillon Alcohol Services
State Bank & Trust Bldg.
Dillon, MT 59725 (683-4305)

O. Madison County Alcohol Program
Ennis, MT 59729 (682-7190)

29. PROBLEM DRINKING CTR. OF PARK CO.
414 E. Callendar
Livingston, MT 59047 (222-2812)

30. ALCOHOLISM SERVICE OF ANACONDA
600 Oak, Community Hospital
Anaconda, MT 59711 (563-6601)

31. POWELL COUNTY ALCOHOLISM CENTER
309 Missouri
Deer Lodge, MT 59722 (846-3442)



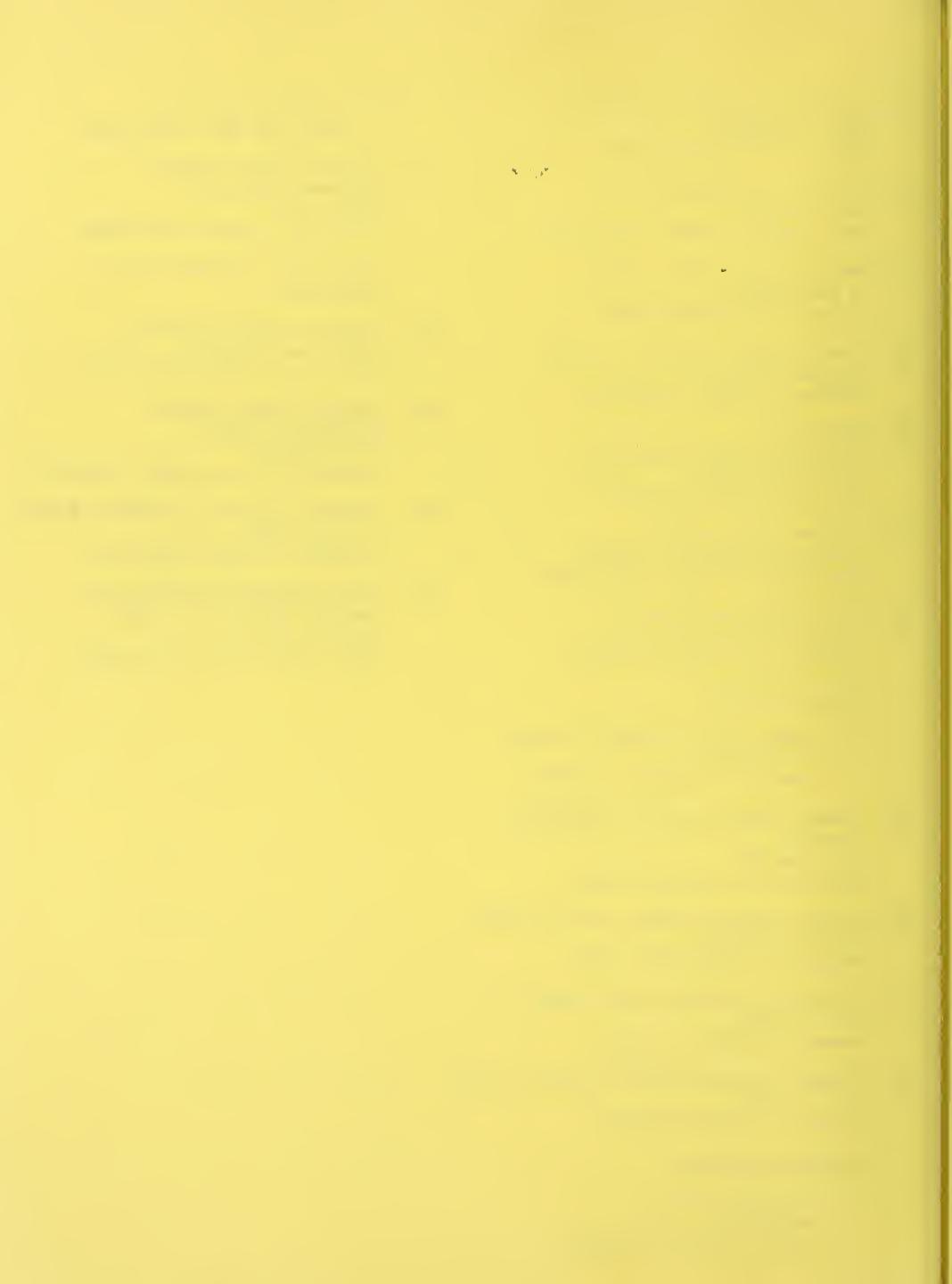
32. COMMUNITY ALCOHOLISM SERVICES
28 E. Broadway
Butte, MT 59701 (792-2341)
33. GALEN STATE HOSPITAL AT R
Rt. 1, Galen
Deer Lodge, MT 59722 (693-2281)
34. BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701 (792-0461)
35. LEWIS & CLARK ALCOHOLISM PROGRAM
410 9th Avenue
Helena, MT 59601 (443-2343)
36. CARE UNIT
Silver Bow General Hospital
Continental Drive
Butte, MT 59701 (723-4341)
37. MONTANA STATE PRISON
CHEMICAL DEPENDENCY PROGRAM
Deer Lodge, MT 59722 (846-1320)
38. MISSOULA ALCOHOL SERVICES
612 S. Higgins Ave.
Missoula, MT 59801 (728-7712)
- R. City-County Building
Eureka, MT 59901 (296-2822)
43. FLATHEAD VALLEY CHEMICAL
DEPENDENCY SERVICES
944 S. Main
Kalispell, MT 59901 (755-6453)
- TRANSITIONAL LIVING FACILITY
(755-1690)
44. MISSOULA GENERAL HOSPITAL
300 N. Second Street
Missoula, MT 59801 (542-2191)
45. SANDERS COUNTY CHEMICAL
DEPENDENCY PROGRAM
P.O. Box 940
Thompson Falls, MT 59873 (827-4241)
46. REGIONAL CHEMICAL DEPENDENCY PROGRAM
P.O. Box 7158
Missoula, MT 59801 (543-3550)
47. SWAN RIVER YOUTH FOREST CAMP
CHEMICAL DEPENDENCY PROGRAM
P.O. Box 99
Swan Lake, MT 59911 (754-2292)

Satellite Office

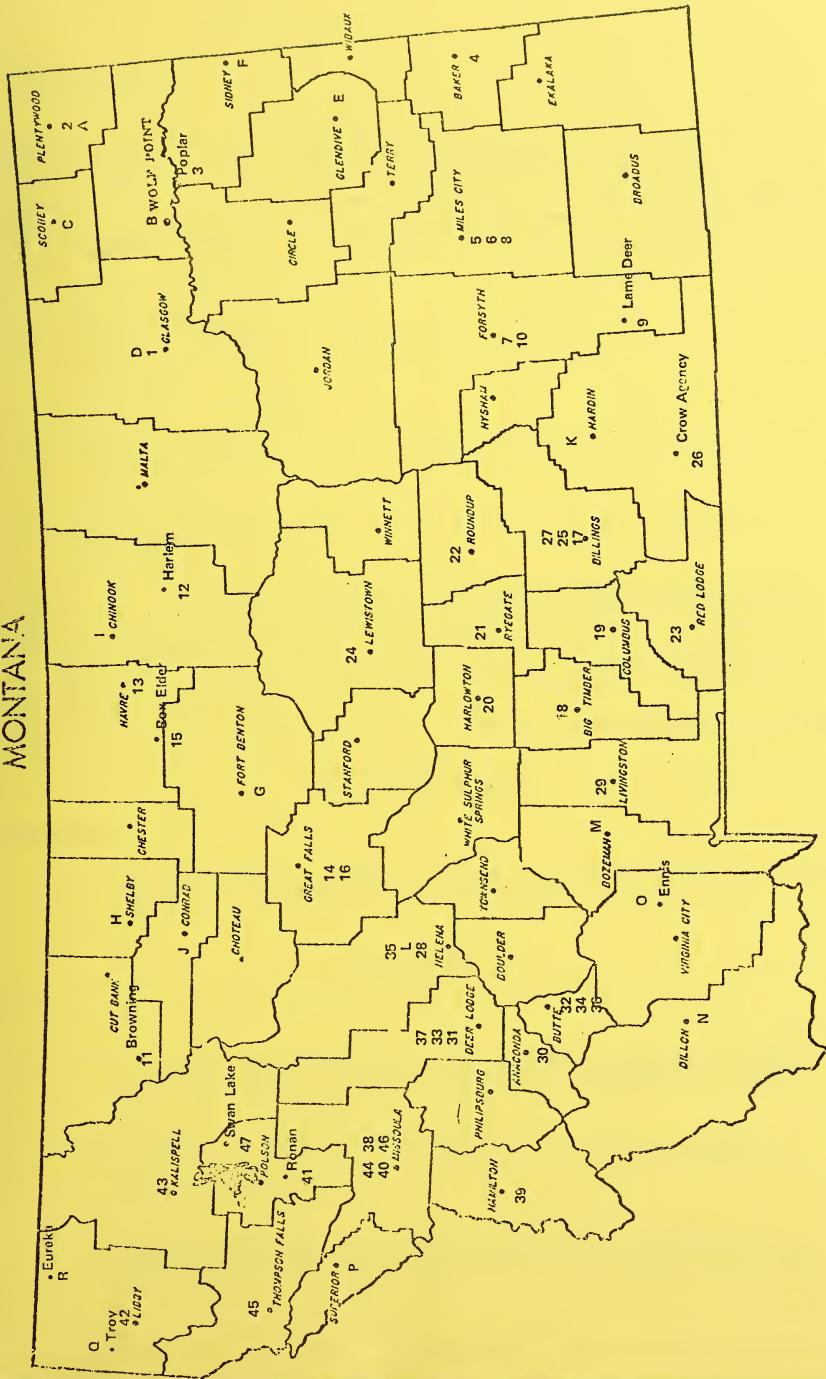
- P. Mineral County Alcohol Services
P.O. Box 745
Superior, MT 59872 (822-4961)
39. RAVALLI COUNTY CHEMICAL DEPENDENCY
SERVICES
P.O. Box 902
Hamilton, MT 59840 (363-3060)
40. MISSOULA INDIAN ALCOHOL & DRUG PROGRAM
401 W. Railroad
Missoula, MT 59801 (721-2700)
41. FLATHEAD ALCOHOLISM & DRUG ABUSE CTR.
P.O. Box 270
Ronan, MT 59860 (676-0596)
42. ALCOHOL SERVICE CENTER OF LINCOLN COUNTY
P.O. Box 756
Libby, MT 59923 (293-7731)

Satellite Offices

- Q. Methodist Church
Main Street
Troy, MT 59735 (295-4135)



MONTANA



No. 1652.—County Outline Map
STATE PUBLISHING COMPANY
Helena



IV. BIBLIOGRAPHY

This section lists some of the more current and relatively accessible publications on various topics related to alcohol, alcoholism, and alcohol education to supplement the information contained in the yellow pages' chapters. It is in no way complete and the listing of an article, pamphlet, or book does not constitute an endorsement of the publication or its content. Materials are grouped in the following classifications:

- Myths About Alcohol
- Decision-Making
- History of Alcohol
- Effects of Alcohol
- Alcoholism
- Alcohol and the Family
- Safety
- Teenage Drinking
- Drinking Patterns
- Alcohol Use
- Alcohol Education
- Periodicals
- Children's Fiction

Many of the publications listed are produced and distributed by national organizations, whose addresses are listed in section III, "Sources for Instructional Materials". Many of the materials may also be available at local public libraries, university libraries, and at the Washington State Library in Olympia.

(*) Means material was used as a primary reference in writing The Yellow Pages.

MYTHS ABOUT ALCOHOL

Pamphlets:

- (*) U.S. Jaycees, "Drinking Myths, A Guided Tour Through Folklore, Fantasy, Humbug, and Hogwash", U.S. Jaycees, Tulsa, Oklahoma, 1975.

DECISION-MAKING

Books:

Canfield, Jack, and Harold Wells, 100 Ways to Enhance Self-Concept in the Classroom, A Handbook for Teachers and Parents, Prentice-Hall, Inc., Englewood Cliffs, New Jersey, 1976.

Howe, Leland, and Mary Martha, Personalizing Education--Values Clarification and Beyond, Hart Publishing Co., Inc., New York, New York, 1975.

Kosuth, Joan, and Minnesang, Choices--Organizing and Teaching a Course in Personal Decision-Making, Pennent Press, San Diego, Calif., 1975.

Raths, Louis, and Sidney Simon, Values and Teaching, Charles E. Merrill Publishing, New York, New York, 1966.

Simon, Sidney, Values Clarification, Hart Publishing Co., Inc., New York, New York, 1972.

Pamphlets:

"Deciding", College Entrance Exam Board, New York, New York, 1972.

HISTORY OF ALCOHOL

Books:

Blum, Richard H., Society and Drugs: Social and Cultural Observations, Jossey-Bass, San Francisco, Calif., 1970.

Fleming, Alice, Alcohol: The Delightful Poison, Delacorte Press, New York, New York, 1975.

Furnas, J. C., The Life and Times of the Late Demon Rum, W. H. Allen, London, 1965.

Pamphlets:

"An Old American Custom: Some Facts About Beverage Alcohol in America", Licensed Beverage Industries Inc., New York, New York, 1972.

"The Great American Spirit", Licensed Beverage Industries Inc., New York, New York, 1969.

EFFECTS OF ALCOHOL

Books:

Becker, C. E., R. L. Roe, and R. A. Scott, Alcohol As A Drug: A Curriculum on Pharmacology, Neurology and Toxicology, Medical Commission Press, New York, New York, 1974.

Jones, Kenneth, et. al., Drugs and Alcohol, Harper and Row, San Francisco, Calif., 1973.

(*) U.S. Dept. of Health, Education, and Welfare, Alcohol and Health, Vol. 1 & 2, National Clearinghouse for Alcohol Information, Rockville, Maryland, 1971 and 1974.

Pamphlets:

"Alcohol Interaction", Smith, Kline, and French Laboratories, Philadelphia, Penn., 1974.

Articles:

Coleman, James, and William Evans, "Drug Interactions with Alcohol", Alcohol Health and Research World, Winter 75/76, pp. 16 - 19.

ALCOHOLISM

Books:

-----Alcohol and Health, Charles Scribner's Sons, N.Y., 1970 (Report from the Secretary of H.E.W.)

Blane, Howard T., The Personality of the Alcoholic, Harper and Row, San Francisco, Calif., 1968.

Bell, Robert Gordon, Escape from Addiction, McGraw Hill, New York, N.Y. 1970.

Cahalan, Don, and Robin Room, Problem Drinking Among American Men, Rutgers Center of Alcohol Studies, New Brunswick, New Jersey, 1974.

Collier, D. F. and S. A. Somfay, Ascent From Skid Row: The Bon Accord Community, Addiction Research Foundation of Ontario, Ontario, Canada, 1974.

Cull, John G., and Richard E. Hardy, Alcohol Abuse and Rehabilitation Approaches, C. C. Thomas, Springfield, Illinois, 1974.

Forrest, Gary G., The Diagnosis and Treatment of Alcoholism, C.C. Thomas, Springfield, Illinois, 1975.

Glatt, Max, The Alcoholic and the Help He Needs, Taplinger, New York, New York, 1974.

-----A Guide to Addiction and Its Treatment, Halstead Press, New York, New York, 1974.

Hoff, Ebbe C., Alcoholism: The Hidden Addiction, Seabury Press Inc., New York, New York, 1974.

Johnson, Vernon E., I'll Quit Tomorrow, Harper Row, San Francisco, CA. 1973.

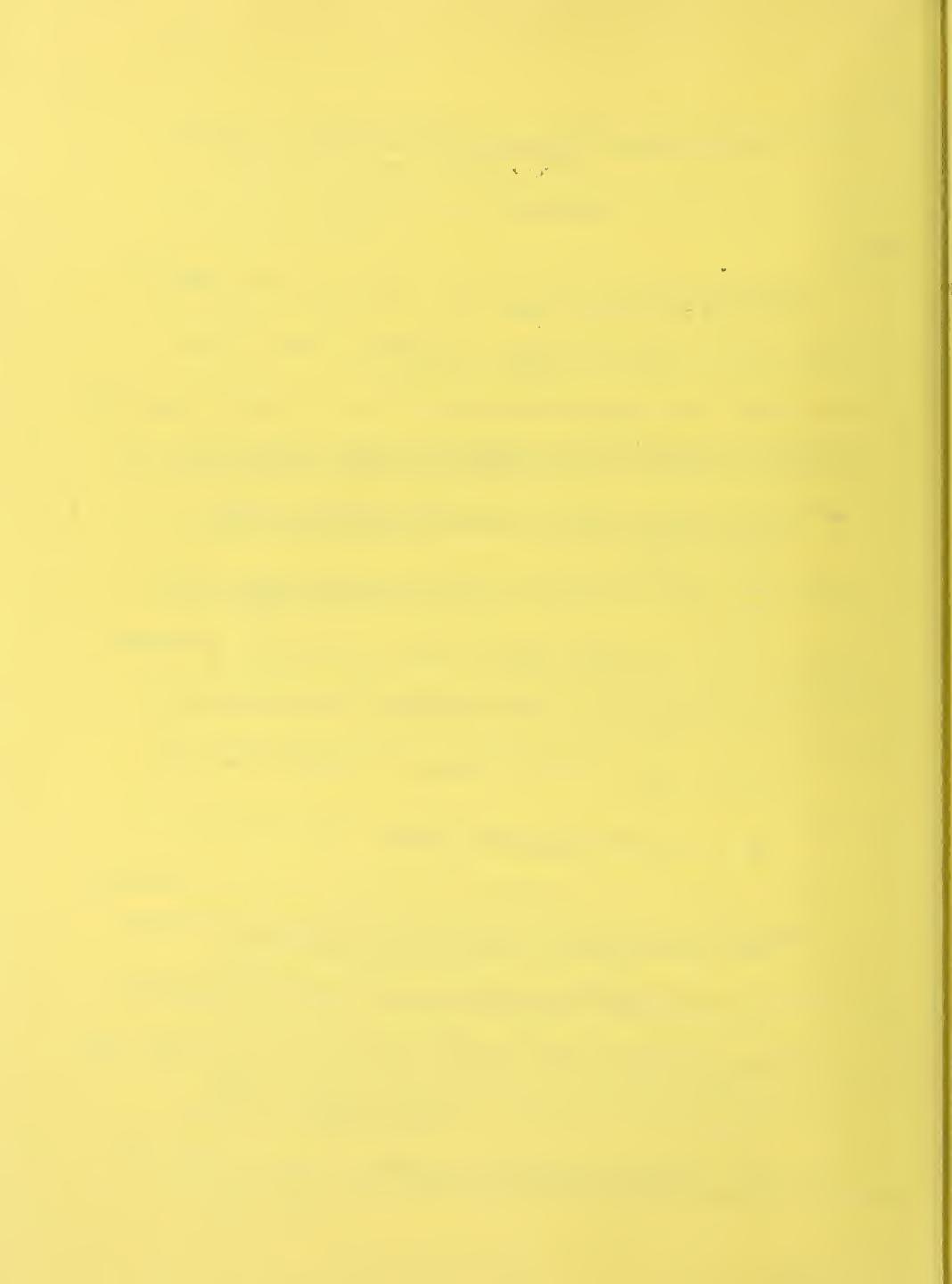
Kellerman, Joseph L., Alcoholism: A Merry-Go-Round Named Denial, Al-Anon Family Group Headquarters, New York, New York, 1967.

Larkin, E.J., The Treatment of Alcoholism: Theory Practice and Evaluation, Addiction Research Foundation of Ontario, 1974.

Leipold, William, Walk Through The Valley, Independence Press, Independence, Missouri, 1975.

MacAndrew, Craig, and R.P. Edgerton, Drunken Comportment: A Social Explanation, Aldine, Chicago, Illinois, 1969.

Only, Mark, A Farewell to the Pain of Alcoholism, Prentice Hall, Englewood Cliffs, New Jersey, 1974.



Steiner, Claude, Games Alcoholics Play: The Analysis of Life Scripts,
Grove Press Inc., New York, New York, 1971.

Silverstein, Alvin, and Virginia, Alcoholism, Lippencott, New York,
New York, 1975.

Thomsen, Robert, Bill W., Harper Row, New York, New York, 1975.

Pamphlets:

- *) "Alcohol and Alcoholism: Problems, Programs, and Progress", National Clearinghouse for Alcohol Information, Rockville, Maryland, 1972.
- "Facts About Alcohol and Alcoholism", National Clearinghouse for Alcohol Information, Rockville, Maryland, 1974.
- Smith, James W., M.D., "An Orientation on Alcoholism", Schicks Shadel Hospital Inc., Seattle, Wash.

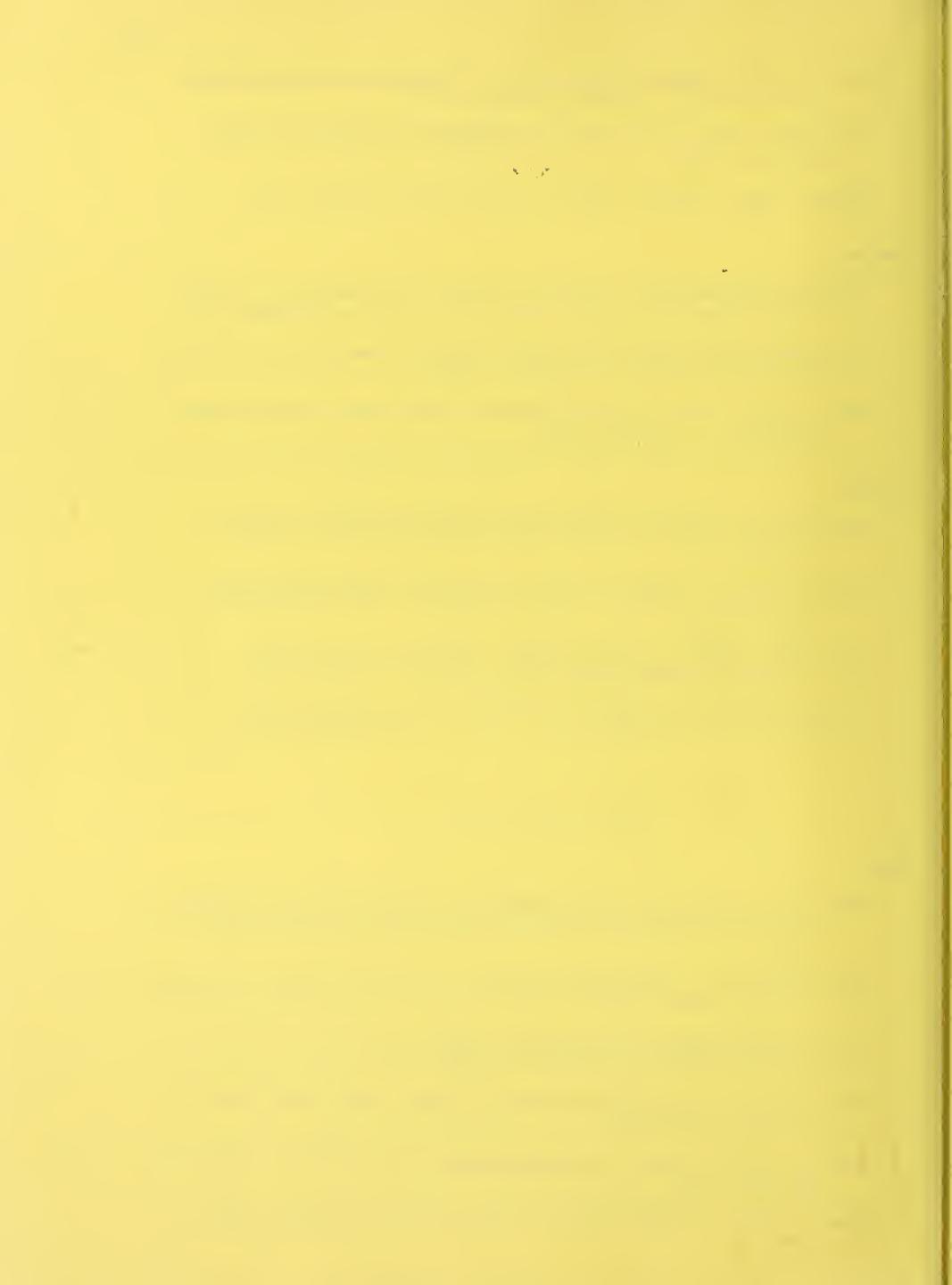
Articles:

- "Alcoholism and Women", Alcohol Health and Research World, Summer, 1974, pp. 2-7.
- Finlay, Donald G., "Helping Alcoholic Clients", Alcohol Health and Research World, Summer, 1975, pp. 20-23.
- Mann, Mardy, "America's 150 Year War: Alcohol vs. Alcoholism", Alcohol Health and Research World, Spring, 1973, pp. 5-7.
- Wilsack, Sharon C., "Femininity by the Bottle", Psychology Today, April, 1973, pp. 39-43, 96.

ALCOHOL AND THE FAMILY

Books:

- Benz, Allen, An Assessment of the Needs of and Resources for Children of Alcoholic Parents, Booz-Allen and Hamilton Inc., Washington, D.C., 1974.
- Cork, Margaret R., The Forgotten Children, Addiction Research Foundation, Toronto, Ontario, 1969.
- Fox, Ruth, The Effects of Alcoholism on Children, National Council on Alcoholism, New York, New York, 1963.
- Hornik, Edith L., You and Your Alcoholic Parent, Associated Press, New York, New York, 1974.
- Mahoney, Barbara, A Sensitive Passionate Man, David McKay Co., New York, New York, 1974.
- Maxwell, Ruth, The Booze Battle, Praeger, New York, New York, 1976.



Pamphlets:

- "A Guide for Sponsors of Alateen Groups"....1974
- "Alcoholism - A Merry-Go-Round Named Denial",1969.
- "A Teacher Finds Guidance in Al-Anon",1973
- "Alcoholism The Family Disease", Al-Anon Family Group Headquarters, 1972.
- "The Adjustment of the Family to the Crisis of Alcoholism", National Council on Alcoholism Inc., New York, New York.
- "The Dilemma of the Alcoholic Marriage", Al-Anon Family Group Headquarters Inc..New York, New York, 1971.
- "A Guide For the Family of the Alcoholic", Al-Anon Fam. Grp. Hdqt. New York, N.Y.
- "Have Another One...The Alcoholic Problem", Cooperative Extension Service Montana State University, Bozeman, Montana, Aug. 1974
- "Hope for the Children of Alcoholics", Al-Anon Fam. Gp. Hdqt, New York, NY,1975.
- "How Can I Help my Children?"...Al-Anon Fam.Gp.Hdqt, New York, NY 1973.
- "Living With An Alcoholic:, Al-Anon Fam. Gp. Hdqt., New York, NY, 1975.
- "Someone Close Drinks Too Much", National Clearinghouse for Alcohol Information, Rockville, Maryland, 1974.
- "Youth and the Alcoholic Parent", Al-Anon...1977

Articles:

Hubbell, John, "A Dynamic New Approach to the Alcoholic", Readers' Digest, May, 1976, pp. 173-177.

SAFETY

Books:

Avery, G.S. (Ed.), Drugs and Driving, Phiebig, White Plains, NY, 1972.

(*) Finn, Peter, and Judith Platt, Alcohol & Alcohol Safety, A Curriculum Manual, National Clearinghouse for Alcohol Information, Rockville, MD., 1972.

Malfeiti, James L., & Esther A. McGrath, and Angelo G. DeMec, DWI Mini-Course, AAA Foundation for Traffic Safety, Falls Church, Virginia, 1975.

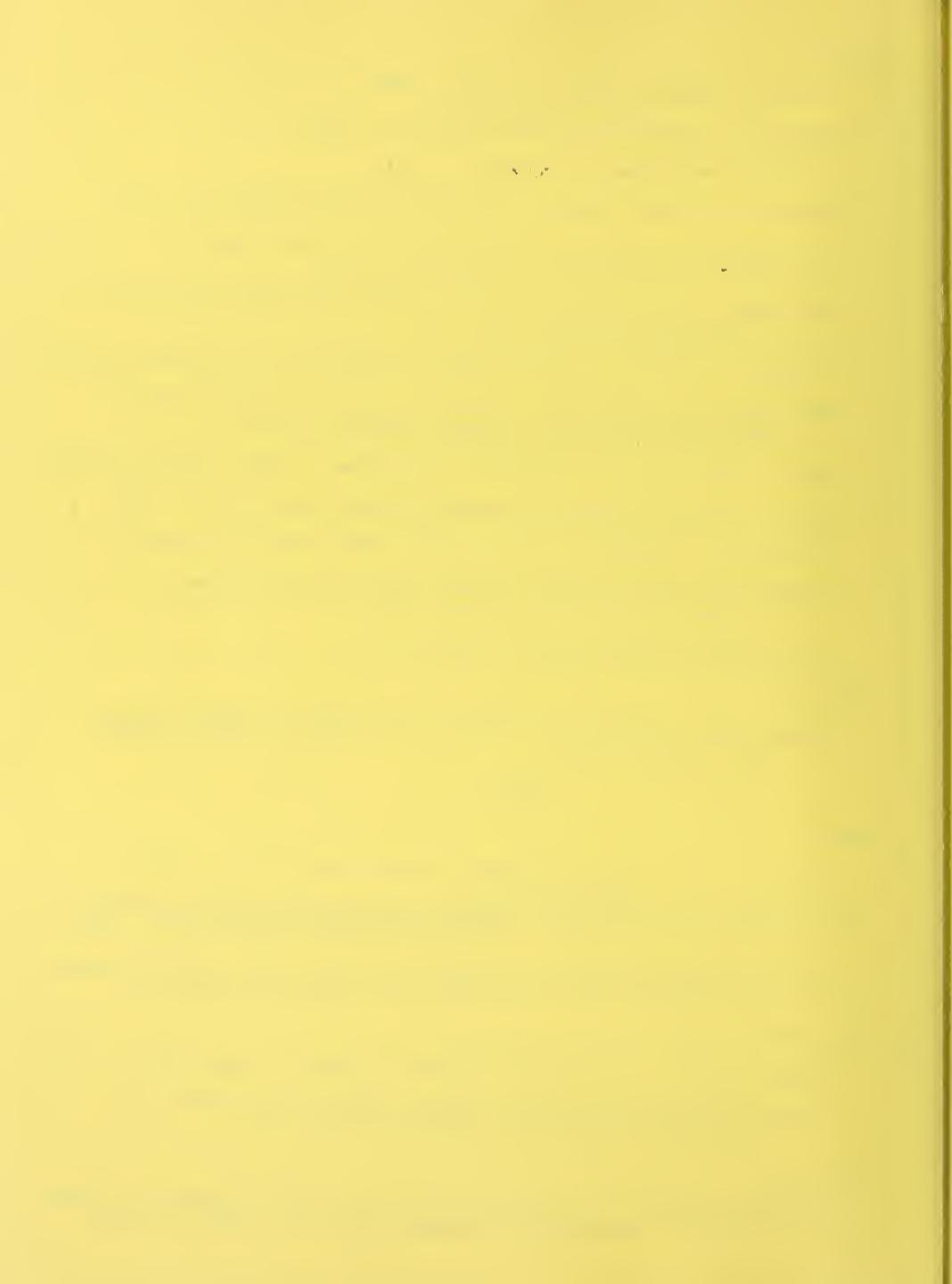
Pamphlets:

Rouse, Kenneth A., "The Way to Go", Kemper Insurance Co., Long Grove, Ill. 1976.

"Alcohol Safety Countermeasures", National Highway Traffic Safety Adm., Government Printing Office, Washington, D.C., 1971.

Articles:

Sandler, Irwin, et.al., "Drinking Characteristics of DWI's Screened as Problem Drinkers", Alcohol Health & Research World, Fall, 1975, pp. 19-23.



TEENAGE DRINKING

Books:

Addeo, Edmond G., and Jonta Addeo, Why Our Children Drink, Prentice Hall Inc., Englewood Cliffs, New Jersey, 1975.

Bacon, Margaret, Teen-Age Drinking, Thomas Y. Crowell Co., New York, New York, 1968.

Cain, Arthur, Young People and Drinking, John Day Co., Inc., New York, New York, 1963.

Moses, Donald A., Are You Driving Your Children To Drink?, Van Nostrand Reinhold Co., New York, New York, 1975.

Smart, Reginald G., The New Drinkers: Teenage Use and Abuse of Alcohol, Addiction Research Foundation, Toronto, Ontario, 1976.

Articles:

"Alcohol Use and Misuse by Adults and Youths", Alcohol and Health, National Clearinghouse for Alcohol Information, June 1974, pp. 1-36.

"Young People and Alcohol", Alcohol Health and Research World, Summer, 1975, pp. 2-10.

DRINKING PATTERNS

Books:

Cahalan, Don, et. al., American Drinking Practices, New Haven College and University Press, New Haven, Connecticut, 1969.

ALCOHOL USE AND ALCOHOL EDUCATION

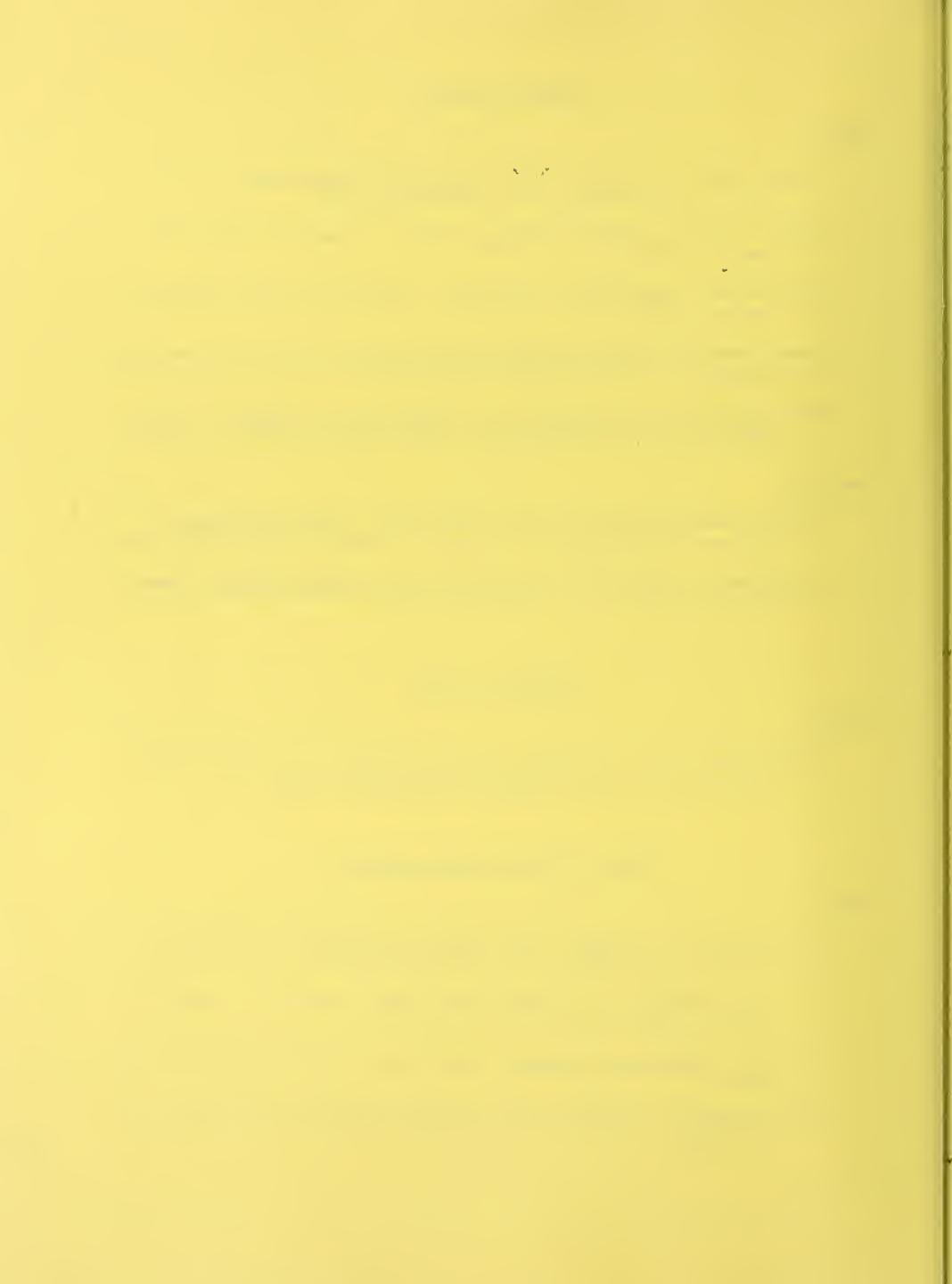
Books:

Carol, Charles R., Alcohol: Use, Nonuse and Abuse, Wm. C. Brown Co., Dulosque, Iowa, 1970.

Fort, Joel, Alcohol: Our Biggest Drug Problem, McGraw Hill, New York, New York, 1973.

Fort, Joel, The Pleasure Seekers, Bobbs Merrill Co., New York, New York, 1969.

Hyde, Margaret O., Alcohol Drink or Drug?, McGraw Hill, New York, New York, 1974.



Kent, Patricia, The American Woman and Alcohol, Holt Rinehart and Winston, Inc., New York, New York, 1967.

Miles, Samuel A., Learning About Alcohol: A Resource Book for Teachers, American Association for Health, P.E., and Recreation, Washington D.C., 1974.

Milgram, Gail Gleason, Alcohol Education Materials, An Annotated Bibliography, Publications Division of Rutgers Center of Alcohol Studies, New Brunswick, New Jersey, 1975.

Pamphlets:

"Alcohol, A Family Affair", PTSA, Chicago, Illinois, 1974.

"All In The Family", U.S. Jaycees Products Division, Tulsa, Oklahoma, 1975.

"Drinking Etiquette, For Those Who Drink and Those Who Don't", National Clearinghouse for Alcohol Information, Rockville, Maryland, 1976.

"First Grassroots Manual on the Prevention of Alcohol Problems", Products Division of U.S. Jaycees, Tulsa, Oklahoma, 1975.

"A Glossary of Terms, From the A B C's of Beverage Alcohol, Licensed Beverage Industries Inc., New York, New York, 1972.

"If You Choose To Drink, Drink Responsibly", Distilled Spirits Council of the United States, Washington D.C., 1974.

"New Approaches to Persistent Problems", Licensed Beverage Industries, Inc., New York, New York, 1973.

"Social Drinking For People Who Drink and People Who Don't", U.S. Jaycees, Products Division, Tulsa, Oklahoma, 1975.

Articles:

Room, Robin, "Minimizing Alcohol Problems", Alcohol Health and Research World, Fall, 1974, pp. 12-17.

PERIODICALS

Addictions (quarterly), Addiction Research Foundation, 33 Russell St., Toronto 4, Ontario, Canada.

Alcohol Health and Research World, National Clearinghouse for Alcohol Information, Box 2345, Rockville, Maryland, 20852. (Quarterly)

The Grapevine, (monthly), Alcoholics Anonymous, Box 459, New York, New York, 10017.

Health Education, American Alliance for Health, P.E., and Recreation,
1201 16th St. NW, Washington D.C. 20036.

The Journal, (monthly), Addiction Research Foundation, 33 Russell St.,
Toronto 4, Ontario, Canada.

Journal of Alcohol Education, Lansing, Michigan, 48614.

Journal of Alcohol Studies, Rutgers University, New Brunswick, New
Jersey, 08903.

Report on Alcohol, American Business Men's Research Foundation, Suite
205, Stoddard Bldg., Lansing, Michigan, 48933. (Quarterly)

CHILDREN'S FICTION

The following stories are about children coping with alcoholism themselves
or in their families.

Elementary:

Mann, Peggy, My Dad's Lives in a Downtown Hotel, Avon, New York, New
York, 1974.

Sherburne, Zoa, Jennifer, Morrow Co., Inc., New York, New York, 1959.

Woody, Regina, One Day At A Time, Westminister, Philadelphia,
Pennsylvania, 1968.

Young Adults:

Donovan, John, I'll Get There; It Better Be Worth The Trip,
Harper Row, New York, New York, 1969.

Hammer, Earl Jr., You Can't Get There From Here, Bantam Books, Inc.,
New York, New York, 1974.

Hinton, S. E., Rumble Fish, Delacorte Press, New York, New York, 1975.

Mathis, Sharon, Listen for the Fig Tree, Avon Books, New York, New York,
1975.

Seopettone, Sandra, The Late Great Me, G. P. Putnam's Sons, New York,
New York, 1975.

Summers, James L., The Long Ride Home, Westminister, Philadelphia,
Pennsylvania, 1966.

Stolz, Mary, Edge of Next Year, Harper Row, New York, New York, 1974.

Trivers, James, and A. Davis, I Can Stop Any Time I Want, Prentice Hall,
Englewood Cliffs, New Jersey, 1974.

Wagner, Robert, Sarah T: Portrait of a Teenage Alcoholic, Ballantine
Books, Inc., New York, New York, 1975.

